

*STUDENT MINISTRIES OF FIRST CHRISTIAN CHURCH*  
**Parental Consent Form**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Age \_\_\_\_\_ School \_\_\_\_\_ Graduating Year \_\_\_\_\_ Current Grade \_\_\_\_\_  
Student Signature \_\_\_\_\_

To whom it may concern:  
I, \_\_\_\_\_, Parent or guardian of \_\_\_\_\_

Voluntarily consent to the rendering of any emergency medical care or treatment necessary for my child while in the care of the staff and sponsors of First Christian Church.

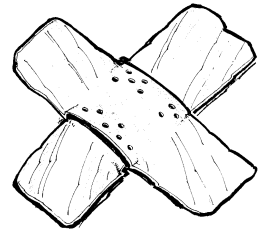
I further agree that any disciplinary action taken towards my child, that results in charges for any items purchased, phone calls or transportation costs, that I assume FULL RESPONSIBILITY for and agree to reimburse all persons involved / responsible for.

Signed \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Do you have hospitalization insurance? Yes  No

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_



EMERGENCY NUMBERS to call are: Dad Home # \_\_\_\_\_ Dad Cell # \_\_\_\_\_

Dad Work # \_\_\_\_\_ Mom Home # \_\_\_\_\_

Mom Cell # \_\_\_\_\_ Mom Work # \_\_\_\_\_

**OTHER EMERGENCY CONTACTS:**

1) Name/ Relationship \_\_\_\_\_

Phones H# \_\_\_\_\_ W# \_\_\_\_\_ C# \_\_\_\_\_

2) Name/ Relationship \_\_\_\_\_

Phones H# \_\_\_\_\_ W# \_\_\_\_\_ C# \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ Phone # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

ANY MEDICAL CONCERNS / ALLERGIES: \_\_\_\_\_

\_\_\_\_\_