

Parent Consent Form

Goodlettsville Church of Christ

401 S. Main Street

Goodlettsville, TN 37072

Participant's Name _____

Male/Female _____ Birth date _____ Age _____ T-shirt size _____

Address _____

Home Phone _____ Parent's Work Phone _____

Student's Cell Phone _____ Parent's Cell Phone _____

Authorization of Consent to Treatment of Minor:

I/We, the undersigned, Parent(s) or Legal Guardian(s) of _____
do hereby authorize my (our) child to attend and participate in sponsored events by the
Goodlettsville Church of Christ.

I/ We authorize an adult, in whose care the undersigned minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at the hospital.

It is understood that this authorization is given to provide authority and power on the part of our aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

The Parent(s) or Legal Guardian(s) shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The Parent(s) or Legal Guardian(s) does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Goodlettsville Church of Christ.

Medical Insurance: yes or no

Insurance Company: _____ Policy Number: _____

Other Emergency Contact: _____ Phone: _____

Father/Guardian Signature Date _____

Mother/Guardian Signature Date _____

Participant, if age 18 or older Date _____

Please list any allergies or medical problems your child may have. Thank you.

Please provide a copy of insurance card.