

## Parental Consent Form

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent(s) Business phones \_\_\_\_\_

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, \_\_\_\_\_,  
(Name)

to attend/participate in \_\_\_\_\_ sponsored by  
(Activity)

Harvest Fellowship, on \_\_\_\_\_ under the leadership of \_\_\_\_\_.  
(Date) (Name of Leader)

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any medical or dental care needed. The undersigned shall be liable and agree(s) to pay all medical costs and expenses incurred in connection with such medical and dental service rendered to the aforementioned child.

We (I) also understand that no alcohol or other drugs are allowed at this function and should our (my) child be found with any drugs or alcohol, (s)he will be sent home and the undersigned shall assume all transportation costs.

The undersigned 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 Harvest Fellowship Church.

Hospital Insurance \_\_\_\_ Yes \_\_\_\_ No  
Insurance Company \_\_\_\_\_

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

Emergency Phone Numbers \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Participant Date

\_\_\_\_\_  
Father Date

\_\_\_\_\_  
Mother Date

\_\_\_\_\_  
Legal Guardian Date

Parents: Please list any allergies or special medical needs your child may have

Thank you