

Parental Consent Form

Name of Participant(s) _____ Age: _____ Birth Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Parent Work Phone: _____

Parent Cell Phone: _____ Other Contact Number: _____

To whom it may concern: The undersigned does hereby give permission for our (my) teen, _____, _____ to attend and participate in the No Compromise Youth activities sponsored by Vine Fellowship.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned parent or legal guardian 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.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned parent or legal guardian shall assume all transportation cost.

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 No Compromise Youth &/or Vine Fellowship.

Father's Signature: _____ Date: _____

or

Mother's Signature: _____ Date: _____

or

Legal Guardian: _____ Date: _____

 My child may participate in the following activities. Please initial beside each activity.

Swimming _____	Amusement Park Rides _____	Hiking _____
Indoor Rock Climbing _____	Camping _____	Go-Carts _____

 NCY has permission to include pictures/videos with my child in them on the NCY web page, in promotional materials for visitors and to hang in the youth room (please initial only one answer) ___ Yes ___ No

 Pleas list: (use back as necessary)

- Special Medical Needs: _____
- Allergies (including drug allergies): _____
- Medicines taken regularly: _____
- Medications (including inhalers) that student may need to carry during youth events: _____
- Date of last Tetanus shot: _____
- Name of student's doctor: _____
- Insurance Carrier & Number: _____