

## WAKEFIELD PARENTAL CONSENT FORM 2011-12

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s) Business Phone #'s: \_\_\_\_\_

The undersigned does hereby give permission for my/our child, \_\_\_\_\_,  
*student's name*

to participate in activities, on and off campus, sponsored by **Wakefield Baptist Church from September 1, 2011 through August 31, 2012.**

I/We 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 shall be liable and agrees 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 my/our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I/we understand that Wakefield Baptist Church regularly photographs, videotapes, or records by other visual or sound recording devices during our worship services, Sunday School, and other church sponsored activities and events. In consideration for allowing my child to participate in said activities and events, I/we consent to my child's photograph, likeness, or image being used by Wakefield Baptist Church in video presentations, publications, promotions, on their web site, or in any other lawful manner.

➤ If you would prefer that your child's photograph, likeness, or image not be used, please initial here: \_\_\_\_\_

The undersigned does also hereby give permission for my/our 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 Wakefield Baptist Church.

Hospital Insurance: Yes [  ] No [  ] Insurance Participant Name: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

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

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

List any allergies or special medical conditions your child may have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent(s) or Legal Guardian*

\_\_\_\_\_  
*Date*