

PARENTAL CONSENT FORM

Child's Name _____	Age _____	Birth date _____
Address _____	(_____)	Phone _____
City _____	State _____	Zip code _____
School _____	Grade in or just completed _____	
(_____)	(_____)	
Parent(s) business phones _____		

To whom it may concern:

The undersigned do hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by St. Paul Lutheran Church, Neenah, Wisconsin.

_____ Signature	_____ Date
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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 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 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 St. Paul Lutheran Church, Neenah, Wisconsin.

Hospital insurance Yes No

Signatures

Insurance company _____

Participant, if age 21 _____	Date _____
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Policy number _____

Father _____	Date _____
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Physician's name & phone _____

Mother _____	Date _____
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Dentist's name & phone # _____

Legal guardian _____	Date _____
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Emergency Contacts: _____

Name _____	Address _____	Phone _____	Relationship _____
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Name _____	Address _____	Phone _____	Relationship _____
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Please list any allergies or special medical problems (i.e., asthma, seizure disorder, etc.) your child may have. Thank you.

Date of last tetanus shot: _____

List all medications you are taking: _____