Oak Park Baptist Church

2008 Youth Ministry Parent Consent Form

4610 SW Archer Rd., Gainesville, FL 32608
(352) 372-2730

Full Name				
Age		Parent's Name(s)		
Home Phone		Parent's Work Ph.		
E-Mail Address		Parent's Cell Phone		
Other Emergency Contact (not parent)			Phone	

In the event that you need to contact your child during the event, you may contact them through Matt's cell phone, or your child's cell phone. We strongly discourage students from using their cell phones for anything other than to call home. Oak Park Baptist Church or any of its Chaperones assume no responsibility for damaged or lost cell phones. It has been our experience that cell phones inhibit the fellowship of youth during such activities. We appreciate your support with this matter!!

To Whom It May Concern:
The undersigned does hereby give permission for our (my) child, _____

to choose to participate in _____ on _____
(Event) (Date, Time)

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 agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization. Should it be necessary for our (my) youth to return home for any reason, including disciplinary action, 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 Oak Park Baptist Church.

Parent/Legal Guardian (Sign) _____ Date_____

Parent/Legal Guardian (print) _____

Will your child need to take any prescription medicine while on this trip? Yes No

If yes, please list the medicines and dosage here:

Does your child have any known ***allergies to any medications***? Yes No

If yes, please list them here:

Does your child have ***any*** dietary restrictions? Yes No

If yes, please list them here:

Participant's Agreement

I will not bring or use, alcohol, tobacco products, non-prescription drugs, or act out inappropriate sexual behavior, while attending an Oak Park Baptist Church event and will respect all property, adults, and other youth. I understand, should I choose to do so, my parent(s) will be called to come and pick me up, or I will be sent home at my parent(s) expense. I will also not bring any medicine on the trip, except in its original container.

Participant Signature _____ Date_____

Parent/Legal Guardian Signature _____ Date_____