General Parent Consent Form
To Be Kept on File at Church
And Updated Each Year

Child's Name
_____

Date of Birth: _____ Age _____ Gender
_____

Address: _____
_____
_

Home Phone Number: _____

Cell Phone Number: _____

I, _____, being the parent or legal guardian of _____, do consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decision necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child. I am enclosing a copy of my insurance card for this purpose.

Signature of Parent/Guardian
_____

Date Signed _____

Activity Consent Form
One Copy Left at Church
Second Copy with Activity Director

Activity: _____ Date(s): _____

Name of Child:
_____

Date of Birth: _____ Age: _____ Gender:
_____

Address:
_____
_____
___

Home Phone:_____ Cell Phone: _____

Alternate Emergency Contact Person, Relationship to Child, and Phone Number:
_____
___

I, _____, the parent or legal guardian of _____, have been informed of the above activity sponsored by _____. I hereby give my consent for my minor child to participate in this activity. I understand that all reasonable safety precautions will be taken by the leaders of the activity, that possibility of an unforeseen hazard does exist, and that I agree not to hold _____, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by the minor child named above. I am enclosing a copy of the insurance information for my child.

Signature of Parent/Guardian:
_____

Date Signed:
_____

<u>To Be Filled Out by Child:</u>

I, _____, acknowledge that by going on _____ (activity) on these dates _____, that I represent Lawrenceville Presbyterian Church. I know it is my duty to act at the highest social standards when I am out in public with the youth group. I acknowledge that I will treat others in the group with respect. I will take part in all the activities that will happen during this trip, including any group prayers and discussions that might occur. I will respect the chaperones and adhere to any advice or request they might make during the trip. I will follow any rules that are established by the activity director and chaperones. I shall not be involved with smoking, alcohol, illegal drugs, vandalism, theft or any other type of behavior that is judged by the chaperones to be detrimental to the health, well-being, or safety of anyone in the group. I will use the buddy system when out in public and not go off alone at any point on the trip.

Child's Signature: ________________________________ Date: __________________________