

# PARENTAL CONSENT & MEDICAL RELEASE FORM - *White Horse Christian Center*

Name of event: **Summer Gathering 2010 – Snapperz Family Fun & Buccaneer Bay Aquatic Center**

Participating Child's Name	Social Security #	Date of Birth	Age	Last Grade Completed



Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Cell/Emergency Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone # ( \_\_\_\_\_ ) \_\_\_\_\_

Allergies (please list) \_\_\_\_\_

Any condition that limits participation in physical activities \_\_\_\_\_

Special Instructions \_\_\_\_\_

I, the undersigned, do hereby give permission for my child/children listed above to attend and participate in the activities sponsored by White Horse Christian Center scheduled on **August 12 and August 13, 2010**.

I do hereby give permission for my child/children to ride in any vehicle designated by the adult in whose care the minor(s) has(have) been entrusted while attending and participating in the activity sponsored by White Horse Christian Center.

I authorize an adult, in whose care my child/children has(have) 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(s) 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.

I the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child/children pursuant to this authorization.

Also, should it be necessary for my child/children to return home due to medical, disciplinary or other reasons, the undersigned shall assume all transportation costs.

**\*\*Parent/Legal Guardian** \_\_\_\_\_  
Signature Date/Sign-in TIME

-----DO NOT SIGN BELOW UNTIL YOU RETURN FOR YOUR CHILDREN-----

**Sign-out signature:**  
**\*\*Parent/Legal Guardian** \_\_\_\_\_  
Signature Sign-out TIME