

FUSION YOUTH

2010-11 PARENTAL CONSENT FORM

Child's Name _____ Age _____ Birth Date _____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____
School _____ Grade in or just completed _____
Parent(s) Work or Cell Phone _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____
to attend and participate in activities sponsored by Shepherd of the Valley Church during the year beginning October 2010
through August 2011.

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 and
special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice
Act or 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 Shepherd of the
Valley Church.

Hospital Insurance Yes No

Please List the name and number for TWO
Emergency Contacts:

Insurance Provider _____

Policy Number _____

Physician _____

Parent or Legal Guardian's Signature

Physician's Phone _____

List any allergies or special medical problems that your child may have:

List any medications that your child is currently taking:

PLEASE COMPLETE OTHER SIDE