

**Grace World Outreach Church
Parental/Guardian Consent Form**

Please Print

Name: _____ Age: _____ DOB: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

School: _____ Grade In Or Completed: _____

Parent/Guardian Home Phone: _____ Work Phone: _____

Cell Phone: _____ Parent/Guardian First Name: _____

Last Name If Different Than Minor: _____ Email: _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by Grace World Outreach Church, Inc. of Brooksville, FL for the entire calendar year of _____ .

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X- ray examination, anesthetic, surgical, medical 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 or 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 by Grace World Outreach Church, Inc. of Brooksville, FL.

We (I) release Grace World Outreach Church, Inc. of Brooksville, FL and any pastor, staff member, employee, supervisor, or teacher, from any claim to injury to our (my) child resulting from simple negligence and agree not to institute or be a party to any suit against Grace World Outreach Church, Inc. of Brooksville, FL arising out of said child attending any of the events described above to which we (I) have not formally objected.

Medical Insurance Company

Parent/Guardian Signature

Date

Policy Number

STATE OF FLORIDA - COUNTY OF HERNANDO

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

The above person is personally known by me or has shown me a photo ID which verifies who they are.

Notary