



PARENTAL CONSENT FORM

Participant's name _____ Age _____ D.O.B. _____
Street Address _____
City _____ State _____ Zip Code _____
Parent/Guardian's Name & Phone # _____
Allergies or Medical Conditions: _____

TO WHOM IT MAY CONCERN:

I, the undersigned parent or legal guardian do hereby give permission for my child, _____, to attend and participate in WPBF youth ministry events during the _____ school year. 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 due to the general or special supervision and on the advice of any physician or dentist, 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 my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in events sponsored by WPBF youth. All of our adult volunteers are background checked and have gone through a vetting process.

SIGNATURES:

Participant: _____ Date: _____

Parent / Legal Guardian: _____ Date: _____