

Parental/ Guardian Consent Form

Chamblee First United Methodist Church Youth Ministry

This is a universal form for the consent of a parent or legal guardian for their child to participate in a particular event or program sponsored by the CFUMC Youth Ministry, corresponding to the 2008-2009 "Medical Release & Permission Form". This parental consent form is only necessary for "sign-up only" events and programs, including but not limited to lock-ins, retreats, progressive dinner, and any events or programs that require church transportation. Your timeliness is greatly appreciated – please observe all registration deadlines carefully.

Name of Student

PLEASE PRINT

Contact Number

T-shirt Size: Adult Small Adult Medium Adult Large Adult X-Large

Please check all events that the child named above plans to attend.

<input type="checkbox"/> Sunday August 3 rd	Laser Show from 6:00-11:00pm (Bring Money for Dinner)
<input type="checkbox"/> Thursday August 7 th	Youth Service Project from 10:00am-4:00pm
<input type="checkbox"/> Saturday September 6 th	Great Day of Service from 8:00am-1:00pm
<input type="checkbox"/> Sunday September 7 th	**Braves Game from 12:00-5:30pm (Cost: \$25.00)**

****LAST DAY TO SIGN UP IS WEDNESDAY AUGUST 27TH****

I, the undersigned, have legal custody of the student named above. I hereby give permission for my child, named above, to attend and participate in activities sponsored by Chamblee First United Methodist Church on the date specified above. I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray exam, anesthetic, medical, surgical, or dental treatment, or hospital care upon the recommendation of a physician or dentist licensed under the provisions of the Medical Practice Act. Such treatment and care can be rendered at either a physician's office or hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child. Should it be necessary for 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 activities sponsored by Chamblee FUMC. I also release Chamblee FUMC from any liability during sponsored activities.

Furthermore, my student has turned in a current "Medical Release & Permission Form", valid June 1, 2008-June 1, 2009, to Michael Stephens, Youth Minister, and ALL information pertaining to my student's medical history, insurance, and emergency contacts has not changed from that which is indicated on the "Medical Release & Permission Form".

Parent's Printed Name

Home Number

Parent's Signed Name

Cell Number