

SECOND PRESBYTERIAN CHURCH
7305 Hampton Boulevard
Norfolk, Virginia 23505

**PARENT/GUARDIAN CONSENT TO
MEDICAL, DENTAL OR HOSPITAL CARE**

I, _____ (NAME OF PARENT/GUARDIAN),

am the legal parent or guardian of _____ (NAME

OF MINOR - hereinafter "my child"), who was born on

_____, _____.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Date: **June 15, 2009 through June 14, 2010**

Signature of Parent or Guardian

Print Name of Parent or Guardian

Medical Information

Medical Insurance Company: _____

Policy Number: _____ Member's Name _____

Medication Allergies: _____

Food Allergies: _____

Handicaps/Limitations: _____

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PARENT/GUARDIAN CONSENT FORM

Child's Name _____

Emergency contact number _____

Activity: Middle & High School youth group trip
 Elementary youth group trip

Dates of Attendance: _____

Destination: _____

As the parent or legal guardian _____, I hereby consent for my child to attend and participate in all activities provided as described above.

Print Name _____

Signature _____

Date _____

ADDITIONAL INFORMATION:

Exclude from following activities: