**Parent/Guardian - Permission Consent Form**

Permission: ***(complete only the top or bottom half of this side)***

**Permission for single event:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of the following:

|  |
| --- |
| Name(s): |
|  |
|  |
|  |

I am informed of the activities offered by Nevada Baptist Church located at 210 W. 3rd St, Nevada, Iowa beginning on the day of \_\_/\_\_/\_\_ and ending on the day of \_\_/\_\_/\_\_

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by Nevada Baptist Church on the above date(s). I understand the Guidelines and Photo Disclaimer of Nevada Baptist Church’s Youth Group and the photo disclaimer set forth by Pastor Kevin.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Signature of parent or guardian] [Date]

**Permission for every event between:** \_\_1\_/\_1\_/\_20\_ **through** \_1\_/\_1\_/\_21\_**.**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of

|  |
| --- |
| Name(s): |
|  |
|  |
|  |

I am informed of the activities offered by Nevada Baptist Church located at 210 W. 3rd St, Nevada, Iowa beginning on the day of \_\_/\_\_/\_\_ and ending on the day of \_\_/\_\_/\_\_

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by Nevada Baptist Church on the above date(s). I understand the Guidelines and Photo Disclaimer of Nevada Baptist Church’s Youth Group and the photo disclaimer set forth by Pastor Kevin.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Signature of parent or guardian] [Date]

**Parent/Guardian - Medical, Dental, Hospital Care Consent Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am the parent or legal guardian of the following:

|  |  |
| --- | --- |
| Name: | Birthday: |
|  |  |
|  |  |
|  |  |
|  |  |

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.   
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Parent or guardian signature] [Date]  
  
 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Print name of parent or guardian]

In case of emergency medical care – contact:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance I.D. number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Present Medications: | Known Allergies: | Date of last Tetanus |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |