

PARENTAL CONSENT FORM

*Noel United Methodist Church
520 Herndon Street
Shreveport, LA 71101*

KNOW ALL MEN BY THESE PRESENTS:

That I, _____, the parent or guardian of _____, by these presents do give my permission for them to attend and participate in all Noel United Methodist Church Activities held in 2011 and 2012, and for Noel United Methodist Church to provide any necessary transportation for this participant. I understand the schedule of events and know the costs involved.

I further understand that responsible adults will supervise their activities; however, I also recognize that accidents and/or illnesses occur. In the event of such accident and/or illness I recognize that it may be necessary to proceed with medical and/or dental treatment for the well being of my child. I hereby authorize the directors, employees and/or agents of Noel United Methodist Church to take my child to medical authorities and hereby authorize the attending physician, surgeon and/or dentist to exercise their professional judgment and assess the risk incident to the illness or injury and to choose the necessary treatment their professional judgment determines to be necessary for the health and well being of my child including, but not limited to, the administration of examinations, diagnostic tests and medication (including anesthetics), performance of surgery, and any and all medical and/or dental care of treatment deemed necessary, as though I personally was giving them my full approval and support. I further agree to assume responsibility for all medical bills resulting from any such medical treatment.

Further, should it be necessary for the participant to return home prior to schedule as a result of accident or illness, disciplinary action or otherwise, I hereby agree to assume responsibility for all transportation costs. I hereby release, forever discharge and agree to hold harmless Noel United Methodist Church, its directors, employees and/or agents from any and all liability, claims and demands, in the event of personal injury, sickness or death, as well as property damage and expenses of any nature or kind which may be incurred by the undersigned and the child participant that may occur while said child is participating in the above described trip or activity.

The undersigned further agrees to hold harmless said church, its directors, employees and agents for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including any expenses incurred.

Youth's Birth date: Month _____ Day _____ Year _____

Day Number: _____ Evening Number: _____ Mobile Number: _____

Medical Information: _____

Insurance Company: _____

Group Number: _____

Allergies and other medical information: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Witness _____

Witness _____