

# Immanuel Baptist Church Youth Ministries Parental Consent Form

Event \_\_\_\_\_ Date(s) \_\_\_\_\_

Name \_\_\_\_\_

Do you have your updated yearly medical form turned in?      YES      NO

When it is deemed necessary for my son/daughter's health, the leaders may have my son/daughter hospitalized or use outside medical, surgical, or dental aid, in which case I shall pay for all such expenses. I shall in no way hold Immanuel Baptist Church or its representatives responsible for any financial obligation.

I GIVE MY CONSENT FOR MY SON/DAUGHTER TO PARTICIPATE WITH IMMANUEL BAPTIST CHURCH, AND RECEIVE EMERGENCY MEDICAL CARE IN MY ABSENCE.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_