

Parental Consent Form for First Mennonite Church, Beatrice, NE

Name _____ Age _____ Birthdate _____

Address _____ Child's Phone # _____

City _____ State _____ Zip Code _____

School _____ Grade in or just completed _____

Parent's work, cell, home phone numbers: _____

Emergency Contact and number: _____

To Whom it May Concern:

The undersigned does hereby give permission for our child(ren) _____
to attend and participate in the following activities sponsored by First Mennonite Church, Beatrice, NE
_____ for the year _____.

If I or the emergency contact cannot be reached by telephone, we/I authorize an adult, in whose care the minor child has been entrusted, to consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or specific supervision and the advice of any physician or dentist licensed under the provisions of the Medical Practice Act of a licensed hospital where the diagnosis or treatment is rendered, or at the office of said physician, or at said hospital.

The undersigned agrees to pay all costs and expenses for medical and dental services provided to the child under this authorization.

Should it be necessary for our/my child to return home (for any reason, medical or other), upon consulting with the parent(s), the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our/my child to ride in an appropriate vehicle, driven by an FMC approved driver in whose care the minor has been entrusted, while attending and participating in activities sponsored by First Mennonite Church, Beatrice, NE.

Health Insurance Company _____ Policy Number _____

Member Group Number _____ (a copy of the card must be provided for overnight trips)

Allergies:

Special Dietary Needs:

Special Medical Problems:

Anything else we should know about your child? _____

***Would you allow your child to be photographed or in a brief video of activities during the week of VBS or at other church sponsored youth activities to be used in online posts?

____ Yes, I give permission for my child(ren) to be photographed or in a brief video of activities taking place during VBS or other church sponsored youth activities and used in online posts.

____ No, I do not give my permission for my child's(ren) photos or videos to be used in online posts.

Thank-You.

Custodial Parent/Guardian Signature:

_____ Date _____