

The Chapel
4444 Galloway Rd.
Sandusky, Ohio 44870
(419) 627-0208

Parental/Legal Guardian Consent Form

Student's Name _____ Age _____ Birthday ____/____/____
Address _____ Phone (____) _____
City _____ State _____ Zip Code _____
School _____ Grade in or just completed _____
Parent(s) business phones _____/_____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by **The Chapel**. This Consent Form will remain in effect for a period of one year from the date it is signed at the bottom if it is used by the same group within the church for which it was originally submitted.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by **The Chapel**.

Hospital insurance _____ Yes _____ No

Insurance company _____ Policy number _____

Emergency phone numbers _____

Signed _____ **Date** _____

On the reverse side of this page, please list any specific medications, allergies, or special medical problems your child may have. Thank you.