

Pulse Student Ministries

PARENTAL AUTHORIZATION/CONSENT

Name _____

Address _____

City _____ Zip _____

Phone # _____ (work) _____

Emergency Contact _____ Phone # _____

Birthdate _____ Grade _____ Medical Insurance _____

Medications _____

Special info (Allergies to medications/medical conditions) _____

To Whom it may concern:

The undersigned does hereby give permission for our(my) child, _____, to attend and participate in activities by First Baptist Church of Fair Oaks.

When: Sunday, November 18th, 2007

Where: Merrill Gardens Retirement Center

Time: Meet at church (Pulse Building) at 2:45 pm and return to church at 5:00 pm

If you have any questions call Donna Marando at 971-4971

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 at the office of said physician or at said hospital.

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 my 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 First Baptist Church of Fair Oaks. I understand all reasonable safety precautions will be taken at all times by First Baptist Church of Fair Oaks and its agents during the events and activities. I understand the possibility of risk. I agree not to hold First Baptist Church of Fair Oaks, its leaders, employees, and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject of this form.

The following are guidelines expected to be followed by the youth and agreed upon by their parents/guardian.

- ◆ **All youth are expected to conduct themselves in a manner that promotes a Christian witness.**
- ◆ **Abusive or disruptive behavior will not be tolerated.**
- ◆ **No drugs (including cigarettes), no alcohol and no weapons (knives, guns etc.) are allowed at any event.**

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

By signing below I am giving permission to have my child's photo used in publications and placed on our website.

Student signature _____ Date _____

Parent/Guardian Signature _____ Date _____