



Bethel Church

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM ONE FORM PER CHILD

Parent Authorization

I give permission for my child, _____ DOB: _____

to attend the following Bethel activity: _____

Emergency Contact Phone Number: _____

Medical Release

In the event of an emergency and I am unable to respond, I authorize the staff or volunteers of the Bethel Church, hospitals, licensed medical or dental providers, and their agents and employees to provide all medical/dental treatment and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care, under the supervision and upon the advice of a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act, for my child. I understand that I am responsible for payment of treatment.

Custody Release

I further authorize the staff or volunteers of Bethel Church to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Signature of Parent /Legal Guardian: _____ Date _____

Printed Name: _____

Authorization by Person Other Than Parent or Legal Guardian

I hereby acknowledge that I have been given authority by the above named child's parent or legal guardian to grant permission for said child to attend this activity and to authorize the medical and custody release.

Signature of Authorized Person: _____

Printed Name: _____

Phone Number: _____ Date: _____

FOR OFFICE USE ONLY

Permission granted by phone

Bethel staff/volunteer name: _____