

PARENT CONSENT AND MEDICAL RELEASE FORM

Part A

Name of Teen _____

Group Leader/Sponsor _____ Joe Thompson _____

Birthday _____ Name of Parent _____

Home Phone _____ Work Phone _____

Cell Phone _____

Health Insurance Company _____ Policy # _____

Group # _____

List of known allergies and medications currently taken: _____

Name of Another Contact Person _____

Relationship to Student _____ Telephone Number _____

I, the parent or legal guardian of the student listed on this form, give my full approval for my son/daughter to participate in all Fairmount sponsored events for the dates of September 1, 2008 through September 30, 2009.

I do authorize the above sponsor to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. I do certify that my child is covered by adequate accident insurance.

I do allow Fairmount Christian Church to use photographs and video footage shot at the church sponsored programs of the individual named above for promotional materials.

My consent and signature is given below. I have read and agreed to the information given in this entire form.

(Signature of Parent or Legal Guardian)

(Date)