#### **Parental Consent Form**

Name		Age	_ Birth Date	Gender
Address		_ Phone (		
City	State		Zip code	<u> </u>
School		Current C	Grade (or just co	mpleted)
Parent(s) cell phones		Relati	on to student: _	
		Relati	ion to student: _	
Parent Email address:				
TO WHOM IT MAY CONC	TODAL.			
		hereby gi	ve permission fo	or our (my) child,
		_, to atter	nd and participa	te in all activities
(name of child)				
- We (I) authorize an adult, in	remsored by St. Timothy Youth Ministry from the time Jan. 1, 2015 through Dec. 31. 2015.  Te (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray unination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to rendered to the minor under the general or special supervision and on the advice of any visician or dentist licensed under the provisions of the Medical Practice Act on the medical staff a licensed hospital, whether such diagnosis or treatment is rendered at the office of said visician or at said hospital.  The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in			
examination, anesthetic, med	tical, surgical, or	dental dia	agnosis or treatn	nent, and hospital care, to
be rendered to the minor unc	ier the general or	special su	apervision and o	in the advice of any
of a licensed hospital, whether	er such diagnosis	or treatm	ent is rendered	at the office of said
physician or at said hospital.				
connection with such medica	d and dental serv	ices rende	ered to the aforer	mentioned child pursuant
to this authorization.				
<ul> <li>Should it be necessary for o</li> </ul>			ae due to medic	al reasons or otherwise,
the undersigned shall assume				
- The undersigned does also				
designated by the adult in wh				ile attending and
participating in activities spo	insored by St. Tir	nothy's Y	outh Ministry.	
Hospital Insurance Yes No				
Prospital Insurance Yes No		Participant		Date
Insurance company		an occupant		E-MIL.
		Father		Date
Policy #		2.5000000000		
	5	Mother		Dane
Emergency Phone #	-11			
	i	Legal gwardi	an	Date
		The state of the s		

# **Parental Consent Form For Cheer Camp Sample**

**M** Mosston

**Parental Consent Form For Cheer Camp Sample:** 

The Enigmatic Realm of Parental Consent Form For Cheer Camp Sample: Unleashing the Language is Inner Magic

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