IGNITE Student Ministries

PARENTAL CONSENT FORM

2013-2014

	INT INFORMATION
Student Name:	Parent Name(s):
Address:	Parent Cell Phone(s):
Home Phone:	Parent Work Phone(s):
Student Cell Phone:	Emergency Contact:
Student Email:	Emergency Phone(s):
Student Date of Birth:	Parent e-mails:
Grade: School:	
MEDIC	CAL INFORMATION
Insurance Company:	Doctor's Name:
Policy Number:	Doctor's Phone:
Known Allergies/Medical Concerns:	
Medications:	
	ur permission for, sponsored by GREATER PORTLAND BIBLE CHURCH. This eptember 1, 2013-August 31, 2014.

In the event of any emergency requiring medical care or treatment and I/we cannot be reached, I/we hereby authorize the staff personnel of Greater Portland Bible Church to act in our stead and give permission for any medically necessary treatment of my/our child.

I/we hereby give permission for any attending physician and/or hospital staff personnel to take any reasonable action necessary for my/our minor child's well being, including hospitalization, anesthesia, injections and surgery. Any directions to the contrary are set out above.

Every activity sponsored by Greater Portland Bible Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I/we agree to assume and accept all risks and hazards inherent in church-related social activities. I/we also agree not to hold Greater Portland Bible Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property listed above. I/we understand that we are signing for the child listed on this form and the signature is for both medical and liability release. Please notify me/us immediately concerning any such emergency.

Parent/Guardian Signature(s)

Today's Date