

# ***REFUGE PARENTAL CONSENT FORM***

Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Other Phone \_\_\_\_\_  
Parent's Name \_\_\_\_\_ Parents Business Phone \_\_\_\_\_  
(Please print information.)

## **TO WHOM IT MAY CONCERN:**

The undersigned does hereby give permission for our (my) child \_\_\_\_\_  
to attend and participate in \_\_\_\_\_ sponsored by the Pentecostals of  
Alexandria Youth Department on \_\_\_\_\_.  
(date)

We (I) authorize any youth staff member chaperoning to consent to any medical  
treatment necessary. Listed below are allergies or special medical problems my child  
has: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is on the following medication: \_\_\_\_\_

Hospital Insurance: Yes \_\_\_\_\_ No \_\_\_\_\_ Insurance Company: \_\_\_\_\_  
Physician \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

\_\_\_\_\_  
Participants Signature Date

\_\_\_\_\_  
Father's or Guardian's Signature

\_\_\_\_\_  
Mother's Signature

Our signatures indicate we have read all rules and the participant will abide by them as  
well as the directions of the leadership of this trip.

We further assume all responsibility for injuries either caused or sustained by our child  
and specifically hold harmless The Pentecostals of Alexandria for any such injuries or  
damage and waive any and all causes of action we may have arising out of any accident  
caused or sustained by our child.