



Central Kids Parental Consent Form

Name: _____ Date of Birth: _____

Event Attending: _____

School Attending: _____ Current Grade: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parents or Legal Guardians: _____

Home Phone: _____ Email: _____

Mom's Work Phone: _____ Cell Phone: _____

Dad's Work Phone: _____ Cell Phone: _____

Emergency Contacts (other than parents or guardian):

Name: _____ Phone: _____

Name: _____ Phone: _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by Central Baptist Church of Warner Robins, Georgia. In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed medical professional. The undersigned shall be liable and agrees to pay all costs and expenses incurred in conjunction with such medical and dental services rendered to the aforementioned child pursuant to authorization. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Central Baptist Church. The undersigned gives permission for pictures taken of my child at church sponsored events to be used in the building, in publications and on the church web site. **This form shall remain in effect from the date signed below until 31 December 2020.**

Medical Insurance Company _____ Policy Number _____

Family Physician _____ Phone Number _____

(Please attach a photocopy of your card to this form)

Pertinent Medical Information (allergies, medications, special needs-medical, special needs-educational etc.)

For further explanations or directions please use the reverse side of this form.

Parent or legal guardian
(Print Name)

Date

Parent or legal guardian
(Sign Name)

Date