



*Augusta Church of Christ*

*"Helping Kids Find the Joy in Knowing and Serving Jesus"*

**Parental Consent Form**

Name	Age	Birth date
Address		Phone Number
City	State	Zip code
School Attending		Grade
Parents Name (s)		Alternate Phone No.

\_\_\_\_\_ has my permission to participate in and/or travel with the children from the **Augusta Church of Christ**.

I, the legal parent or guardian of the person listed on this form, certify that he/she has my permission to participate in the activities of Heaven Bound and Heaven Bound, too. The child identified on this form understands that all children are expected to abide by the rules and be directly responsible to the Director of Children's Ministries or Sponsors.

Further, I do release and hereby agree to hold blameless Augusta Church of Christ and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with **Augusta Church of Christ**.

Further, I do authorize the Director of Children's Ministries or sponsor of any activity, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on any trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Hospital Insurance Yes ( ) No ( )

Insurance Company \_\_\_\_\_ Physician's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Physician's Number \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_ Hospital \_\_\_\_\_

Please list any allergies or special medical problems your child may have. **Thank You!** \_\_\_\_\_

\_\_\_\_\_

I the undersigned have read the above statements and do consent to my child's participation in all activities.

\_\_\_\_\_  
(Signature of Parent or Legal Guardian)

\_\_\_\_\_  
Date