

**Parental Consent Form - First Mennonite Church, Beatrice, NE**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_ Phone #'s \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

School \_\_\_\_\_ Grade in or just completed \_\_\_\_\_

Parent's work, cell, home phone numbers: \_\_\_\_\_

Emergency Contact and number: \_\_\_\_\_

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To Whom it May Concern:

The undersigned does hereby give permission for our child(ren) \_\_\_\_\_

To attend and participate in the following activities sponsored by First Mennonite Church, Beatrice, NE  
\_\_\_\_\_ for the year \_\_\_\_\_.

We/I authorize an adult, in whose care the minor child has been entrusted, to consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or specific supervision and the advice of any physician or dentist licensed under the provisions of the Medical Practice Act of the medical staff of a licensed hospital whether the diagnosis or treatment is rendered at the office of said physician or at said hospital, if I or the emergency contact cannot be reached by telephone.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our/my child to return home due to medical reasons or other reason, the undersigned shall assume all transportation costs.

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 First Mennonite Church, Beatrice, NE.

I

Health Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Participant/Member Group Number \_\_\_\_\_

Allergies:

Special Dietary Needs:

Special Medical Problems:

\*\*\*Would you allow your child to be photographed or in a brief video of activities during the week of VBS or at other church sponsored youth activities to be used in online posts?

\_\_\_ Yes, I give permission for my child(ren) to be photographed or in a brief video of activities during VBS or other church sponsored youth activities and to used these photos in online posts.

\_\_\_ No, I do not give my permission for my child(ren) to be photographed or in a video at any church sponsored activities.

Thank-You.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_