

# PARENTAL CONSENT FORM

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade Completed \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Parents Work Phone \_\_\_\_\_

To Whom It May Concern:

The undersigned do hereby give permission for our (my) child \_\_\_\_\_  
To attend and participate in activities on Grand Bahama Island, Bahamas  
sponsored by \_\_\_\_\_ on the dates of \_\_\_\_\_  
(Church name)

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, medical, surgical or dental diagnosis and treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed in the USA, Bahamas or ship's doctor.

The undersigned shall be liable and agree(s) 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 otherwise, the undersigned shall assume all transportation costs.

\_\_\_\_\_  
(Notary) (Parent)

Hospital Insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No Ins. Company \_\_\_\_\_

Insured Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or Special Conditions \_\_\_\_\_