

**Tanglewood Church
Children's Ministries
Parental Consent Statement Form**

I hereby, consent to let my child, _____,
Participate in the following event: _____.

It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of an accident or sickness, Tanglewood Church, its staff, and its volunteers are hereby released from any liability.

Parent Signature: _____
Address: _____
Home Phone: _____ Cell _____

Medical Information

Insurance Company: _____ Policy# _____

1. Does your child have any allergies? _____ If yes, what?

2. Is your child bringing any medication with him/her? ___ Yes
___ No If yes, please list and state dosage: _____

PLEASE NOTE: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.

3. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? ___ Yes ___ No If yes, please explain:

4. Date of last tetanus shot: _____

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of Tanglewood Church to administer medication as identified and to secure proper medical treatment.

Signature of Parent/Guardian: _____

Date: _____

Emergency Phone: () _____

Person to contact if parent/guardian cannot be reached:

Relationship: _____

Phone: _____

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