

Tanglewood Church  
Student 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.

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.

Parent Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Phone: (    ) \_\_\_\_\_

Person to contact if parent/guardian cannot be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Information

Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_

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

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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: \_\_\_\_\_