

## PARENT/GUARDIAN CONSENT FORM, INCLUDING MEDICAL, DENTAL, OR HOSPITAL CARE

Child's Name (Last)	(First)	(Middle)	
Address	City	State	ZIP Code
Child's Email / Cell Phone (Accepts text messages? Y/N)			
Name of Church	Address	City	State
Immanuel Lutheran Church	520 US Hwy 41 E	Negaunee	MI
		ZIP Code	49866
Dates of Attendance			
September 2017 through August 2018 (Confirmation and other Church Activities)			

As the parent or legal guardian of my child, \_\_\_\_\_, I hereby consent for my child to attend and participate in all activities provided as described above.

Furthermore, should a need for immediate medical attention arise, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further agree to pay all charges for the dental, medical, or hospital care or treatment.

As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law.

Print Name		
Signature		Date
Home Telephone	Cell (Accepts text messages? Y/N)	Email

### ADDITIONAL INFORMATION:

Exclude from following Activities:

--