



Parental Consent Form

STUDENT'S NAME _____ AGE _____ D/O/B _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

SCHOOL _____ GRADE (in or just completed) _____

PARENT/GUARDIAN(S) NAME _____ EMAIL _____

To Whom It May Concern:

The undersigned does hereby give permission for our (my) child(ren), _____ to attend and participate in all 2019 Student Ministry Activities at/with Hikes Point Christian Church.

Further, we (I) do release and hereby agree to hold blameless Hikes Point Christian Church and its people for any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating or playing on the campus of Hikes Point Christian Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or at said hospital.

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.

Hospital Insurance YES NO

Insurance Company _____

Policy Number _____

Emergency Phone Number _____

Does Your Child Take Medication? YES NO

If YES, please list _____

Does Your Child Have Allergies? YES NO

If YES, please list _____

Date of Last Tetanus Shot _____

Participant's Signature Date

Father's Signature Date

Mother's Signature Date

Legal Guardian's Signature Date



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