

**PARENTAL CONSENT FORM
CLAY CITY CHRISTIAN CHURCH**

To Whom It May Concern:

I, _____, do hereby give permission for my
Name of Parent/Guardian (please print)

child, _____ to attend/participate in the following
Name of Child(ren) (please print)

activity: _____
Specify activity, trip or outing

In case of emergency, I authorize an adult, in whose care my child has been entrusted, to secure appropriate medical treatment for my child. I understand that Clay City Christian Church will not be held liable for any medical costs or expenses incurred in connection with such medical or dental services.

I also give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in the above named activity.

Name of child(ren): _____

Age of child(ren): _____

Address of child(ren): _____

Parent/Guardian phone number: _____

Other emergency phone contact: _____

Signed: _____ Date: _____
Signature of Parent/Guardian