

PARENTAL CONSENT FORM

**St. Mary Church Senior Youth Group Mission Trip/Retreat to Camden, NJ
June 27 to July 1, 2010**

Name	Age	Birth date
Address	Phone Number	
City	State	ZIP code
School	Grade in or just completed	
() _____	() _____	

Parent(s) business phones

To whom it may concern:

The undersigned do hereby give permission for our (my) child, _____,
Name of child

to attend and participate in activities sponsored by St. Mary Church Senior Youth Group to Camden, NJ on June 27 to July 2, 2010.

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 dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said 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.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the St. Mary Church Senior Youth Group on this trip.

Hospital insurance <input type="checkbox"/> yes <input type="checkbox"/> no	
Insurance Company _____	Participant, if age 21+ Date
Policy number _____	Father Date
Physician's name _____	Mother Date
Physician's phone _____	Legal guardian Date
Emergency phone numbers _____	

Please list any allergies or special medical problems your child may have. Thank you.
