

**Mayfair Youth Ministry**  
**1095 Carl T. Jones Drive**  
**Huntsville, AL 35802**

**PARENTAL CONSENT FORM**

Subject: Authorization for Medical Treatment of Minor

I give permission for \_\_\_\_\_ to participate in activities with the Mayfair Church of Christ youth group. Furthermore, I understand that all safety precautions will be observed, but the church and adult chaperones, on any phase of the trip or activity, will not be responsible for any accident. I authorize any adult with this group to make decisions regarding the welfare of my child, such as medication, emergency treatment, or whatever the situation might require.

Name of family doctor: \_\_\_\_\_

Doctor's phone numbers: Office \_\_\_\_\_ Home: \_\_\_\_\_

Medication being taken (if any) \_\_\_\_\_

Allergies or physical problems of which we should be aware:

\_\_\_\_\_

I give permission for you to give the following to my child, if requested: (please check)

\_\_\_\_\_  **TYLENOL**

\_\_\_\_\_  **BENADRYL** (antihistamine) for bee stings and/or insect bites

Date of last tetanus shot: \_\_\_\_\_

Insurance company and policy number \_\_\_\_\_

Parents: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work Phones: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Cell phone #'s \_\_\_\_\_

Neighbor or relative for emergency contact if parents cannot be reached:

\_\_\_\_\_

Parent or legal guardian must sign in presence of two witnesses **OR** have the signature notarized (Dianna Gill is a notary in the church office).

PARENT OR LEGAL GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

WITNESSES: \_\_\_\_\_

State of Alabama

Subscribed and sworn to before me this the  
\_\_\_\_\_ day of \_\_\_\_\_, 2010

Madison County

\_\_\_\_\_  
Notary Public

My commission Expires: \_\_\_\_\_