

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 Children's Ministry. 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: _____ Student's Social Security # _____

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.

PARENT OR LEGAL GUARDIAN: _____

DATE: _____

WITNESSES: _____

State of Alabama

Subscribed and sworn to before me this the

Madison County

_____ day of _____, 2011

Notary Public

My commission Expires: _____