

TANNER CHAPEL AFRICAN METHODIST EPISCOPAL CHURCH

ENROLLMENT & PARENT/GUARDIAN CONSENT FORM | WAIVER & RELEASE OF LIABILITY

Child's Name: *(Please print clearly and legibly)* - Please complete 1 form per child

Age: _____ Grade: _____

Birth Date: _____

Name of Parent or Guardian: *(Please print clearly and legibly)*

Parent or Guardian Home Phone: _____

Emergency Contact Name & Phone Number:

Parent or Guardian Cell Phone: _____

Parent or Guardian Address: *(Please print clearly and legibly)*

Email Address: *(Please print clearly and legibly)*

City: _____ State: _____ Zip: _____

List any special needs for the child, such as allergies (including food allergies or prescription allergies), medical conditions, etc.: _____

To Whom It May Concern:

The undersigned does hereby give permission for _____ (child's name) to attend and participate in the activities sponsored by Tanner Chapel African Methodist Episcopal Church.

The undersigned does also hereby give permission for the child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by Tanner Chapel African Methodist Episcopal Church.

The undersigned authorizes 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/or 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 on location of the office of the said physician or at said hospital.

The undersigned shall be liable and agrees 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 the child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

Do you have hospital insurance: Y N

Insurance Company: _____

Policy Number: _____

Signature of Parent/Guardian: _____

Signature of Person in Charge of Activities/Teacher: _____

Date: _____

Date: _____