

**PARENTAL CONSENT FORM**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Mobile # \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Mobile # \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Mobile # \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Mobile # \_\_\_\_\_

Address \_\_\_\_\_  
City State Zip Code

School District \_\_\_\_\_

Parent(s) Phones Numbers:

E-Mail Addresses:

The undersigned does hereby give permission for our (my) child/children, to attend and participate in any trip(s) sponsored by **Meredith Drive Reformed Church Sr. Highs** Sept. 2008 thru Aug. 2009.

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 **Meredith Drive Reformed Church.**

\_\_\_\_\_  
Parent / Legal Guardian Date

Please list any allergies or special medical problems your child may have in the space below. Thank you.

COPY OF INSURANCE CARD BELOW:

**Behavior Agreement:  
Drugs, Alcohol, Tobacco, etc.**

Agreement not to imbibe . . .

I \_\_\_\_\_ agree not to take, buy, or use illegal drugs, tobacco, or alcohol on or during any Meredith Drive Youth sponsored trip September 2008 thru August 2009.

In the case this would occur, I realize, as do my parents, that my retreat experience may immediately be terminated and that arrangements will need to be made by my family for my return to Des Moines.

\_\_\_\_\_

Student

\_\_\_\_\_

Parent(s)

\_\_\_\_\_

Date