

**Wilkesboro United Methodist Church, Inc.**

309 West Main Street PO Box 197  
Wilkesboro, NC 28697  
336 838 8501

**Parental Consent Form**

My child has permission to go to \_\_\_\_\_  
Leaving \_\_\_\_\_ (date) at \_\_\_\_\_ (time) and  
returning \_\_\_\_\_ (date) about \_\_\_\_\_ (time)

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
Street City

Phone numbers where parents may be reached during today's trip (home, work, cell):

Person(s) to be contacted, if parents cannot be contacted in an emergency:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Emergency Treatment and Medical Release Statement**

In the event of accident or illness, which requires immediate medical treatment, I hereby authorize my child to receive emergency medical treatment as needed by medical personnel. I understand that every effort will be made to contact parents/guardian as well as the personal physician named by the parents/guardian. I further authorize my child to receive emergency transport in connection with medical treatment necessary for any such accident or illness.

I further release and agree to hold harmless Wilkesboro United Methodist Church, Inc., its officers, agents, employees, and volunteers from any and all claims, demands, damages, and liability of any nature whatsoever arising out of or related to any accident, illness, or injury to person incurred by or resulting to my child while in the care of the Wilkesboro United Methodist Church, Inc.

Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Hospital/Health Care Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Insurance Company \_\_\_\_\_  
Group Number \_\_\_\_\_ Policy Number \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_

Please list any medical conditions/allergies we should be aware of: \_\_\_\_\_  
Directions for administering medications, include dosage and time to be administered: \_\_\_\_\_  
May Advil/Tylenol be given? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give dosage: \_\_\_\_\_

\_\_\_\_\_  
Name of Father/Guardian Signature of Father/Guardian Date  
\_\_\_\_\_  
Name of Mother/Guardian Signature of Mother/Guardian Date