

Please print out and fill in all information. Please contact us if you have any questions.
Abington Presbyterian Church 1082 Old York Road, Abington PA 19001 (215) 887-4530

APC PARENTAL CONSENT FORM

Name _____ Birth Date _____

Address _____ Phone (____) _____

City _____ State _____ Zip Code _____

School _____ Grade (Fall 2017) _____

Cell #: Youth _____ Mom _____

Dad _____

Email: Youth _____ Mom _____

Dad _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Abington Presbyterian Church during the year of September 1, 2017 through August 31, 2018.

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 and 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 Abington Presbyterian Church.

Hospital insurance Yes No

Insurance company: _____ Policy Number: _____

Physician: _____ Physician's phone: _____

List any allergies or special medical problems your child may have:

Emergency name and phone #: _____

Parent's Signature

August 2017