

Parental Consent Form for  
The Chapel's Student Ministries Department



The Chapel  
135 Fir Hill  
Akron, OH 44304  
330-315-5503



Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In the following statements, The Chapel personnel refers to all authorized adult sponsors with the youth program, both paid staff and volunteers. These statements are valid from **September 1, 2008 - September 1, 2009.**

I give permission for my student, named above, to attend and participate in The Chapel's activities.

I give permission for The Chapel to photograph my child or myself and use those photographs for future advertisement.

I give permission for The Chapel personnel to transport my student to and/or from the activities.

I give permission for The Chapel personnel to make the necessary decisions in the event of a medical or dental emergency involving my student.

I will not hold The Chapel or The Chapel personnel responsible for payment of emergency medical or dental treatment involving my student.

\_\_\_\_\_  
Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies \_\_\_\_\_

Special needs/Additional information \_\_\_\_\_

Parent's SS # \_\_\_\_\_ (Will be used for emergency medical info only)