

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, 2010 - September 1, 2011.**

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)