

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, 2007 - September 1, 2008.

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)