

SPC PARENT/GUARDIAN CONSENT FORM

Child's Name (Last) (First) (Middle)

Address City State ZIP Code

Emergency Contact Phone Number

Activity: *Please check one below*

Middle/High School Youth Group
 Elementary Youth Group

Dates of Attendance

Destination

As the parent or legal guardian of my child, _____, I hereby consent for my child to attend and participate in all activities provided as described above.

Print Name

Signature Date

ADDITIONAL INFORMATION:

Exclude from following activities:

Medical Insurance Company _____
Policy Number _____
Member's Name _____
Food Allergies _____