



PARENTAL CONSENT FORM
Harvest Bible Chapel, Indy West
10080 US Hwy 36, Suite A
Avon, IN. 46123 (317) 209-9770

Office Use Only - Confidential

Initial _____

Date _____

Name _____ Male Female Age ____ Birth date _____

Address _____ Home Phone (____) _____

City _____ State _____ Zip _____

School _____ Grade in _____

Father Work Phone (not home phone) (____) _____ Father Cell Phone (____) _____

Mother Work Phone (not home phone) (____) _____ Mother Cell Phone (____) _____

Does not attend Harvest Bible Chapel, but is a guest of _____

I/we give parental consent for the above named child(s) to attend and participate in the various activities sponsored by the student ministries leaders of Harvest Bible Chapel, Indy West.

In the event of an emergency, I hereby give consent to transport the above named child(s) to a hospital for emergency medical or surgical treatment. However, if possible, as the parent or legal guardian, I/we wish to be advised prior to any medical treatment by the hospital or doctor.

Moreover, the undersigned does also hereby give permission for our child(s) to ride in any vehicle designated by the student ministries leader whose care the minor has been entrusted while attending and participating in various activities sponsored by Harvest Bible Chapel.

Name of Parent(s) or Guardian(s): PLEASE PRINT _____
(only one signature required)

Father/Legal Guardian Signature Date Mother/Legal Guardian Signature Date

Medical Insurance Co. _____ Policy # _____

Family Doctor _____ Doctor's Phone (____) _____

Medications/Allergies/Illnesses/Instructions _____

Optional: Other Emergency Names and Phone Numbers _____