



**Gateway Church**

*International*

**Rick Rapp, Pastor**



Parental Consent Form

Dawn Wigley, Children's Director

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

If parents are unavailable, please contact the relative/friend below:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Comments regarding medical history, allergies, penicillin or drug reaction etc . . . . : \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

In case of an emergency, I understand that reasonable efforts will be made to contact me. If I cannot be reached, I, as guardian of the above child, hereby give Gateway Church International the permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary by Gateway Church International. I give permission to those administering emergency treatment to do so, using church sponsored trip as a result from the negligence of the church, its agents, servants and employees.

Signature of Parent and/or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_