



## PARENT/GUARDIAN CONSENT FORMS

NAME OF GROUP \_\_\_\_\_  
GROUP LEADER \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
EMAIL \_\_\_\_\_

### Parent/Guardian Information

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ H Phone: \_\_\_\_\_  
W Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Participant's Name and Date of Birth: \_\_\_\_\_

### Parent/Guardian Permission

To whom it may concern: \_\_\_\_\_, a minor, has my permission to go with  
\_\_\_\_\_ (Group) on a Square Foot Ministry Camp from  
\_\_\_\_\_, 2007 through \_\_\_\_\_, 2007.

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Signature, Parent or Guardian

Date

### Consent to Treatment of a Minor

The undersigned parent or guardian of \_\_\_\_\_, a minor, does hereby authorize adult leaders of the group \_\_\_\_\_, or the staff of Square Foot Ministry, as agents for the undersigned, to consent to any emergency care, including, but not limited to, examinations, x-rays, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by a qualified physician or local hospital. I will assume responsibility for fees resulting from such an emergency.

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Signature, Parent or Guardian

Date

### Release & Waiver Of Liability

I/we have reviewed and signed the Release & Waiver of Liability form included in this packet.

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Signature, Parent or Guardian

Date