St. Gregory of Datev Institute Reunion

Eastern Prelacy of the Armenian Apostolic Church of America

PARENTAL CONSENT FORM

Name	Age	Birth date
Address	Phone_	
City	State	Zip Code
School	Grade in	or just completed
Parent(s) business phones		
0		
To whom it may concern:		
The undersigned does hereby give permission for to attend and participate in activities sponsored Apostolic Church of America on December 17 at We (I) authorize an adult, In whose care the minexamination, anesthetic, medical, surgical or do be rendered to the minor under the general cohysician or dentist licensed under the provision staff of a licensed hospital, whether such diagnosphysician or at said hospital. The undersigned shall be liable and agree(s) to consider the medical and dental services renders authorization. Should it be necessary for our (my) child to return undersigned shall assume all transportation cost	d by Eastern F and 18, 2022 nor has been e ental diagnosis or special sup ons of the Mer osis or treatme pay all costs a ered to the afor	Prelacy of the Armenian entrusted, to consent to any X-ray sor treatment, and hospital care, ervision and on the advice of any dical Practice Act on the medical ent is rendered at the office of said and expenses incurred in connectementioned child pursuant to this
The undersigned does also hereby give permissinated by the adult in whose care the minor has been activities sponsored by Eastern Prelacy of the	peen entrusted	while attending and participating
Medical Insurance	Participant	Date
Policy number	Father	Date
mergency phone numbers	Mother	Date
	Legal guardia	n Date

On the reverse side of this page, please list any allergies or special medical problems your child may have. Thank you.