St. Gregory of Datev Institute Summer Program

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 o	r just completed
Parent(s) business phones		_
·		-
To whom it may concern:		

Church of America on June 30 - July 7, 2024.

We (I) authorize an adult, In whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Eastern Prelacy of the Armenian Apostolic Church of America.

Medical Insurance  Yes  No		
Insurance company	Participant	Date
Policy number	Father	Date
Emergency phone numbers	Mother	Date
	Legal guardian	Date

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