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 or just completed_____

Parent(s) business phones_____

_____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____
(name of child)
to attend and participate in activities sponsored by Eastern Prelacy of the Armenian Apostolic Church of America on July 6 - July 13, 2025.

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_____

Policy number_____

Emergency phone numbers_____

_____

_____
Participant Date

_____
Father Date

_____
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.