



PARENTAL CONSENT FORM
Harvest Bible Chapel, North Indianapolis
15480 Herriman Blvd.
Noblesville, IN 46060 (317) 773-1336

Office Use
Initial _____
Date _____

Name _____ Male Female Age _____ Birth date _____

Address _____ Home Phone (____) _____

City _____ State _____ Zip _____

School _____ Grade in (or just completed) _____

Father Work Phone (not home phone) (____) _____ Father Cell Phone (____) _____

Mother Work Phone (not home phone) (____) _____ Mother Cell Phone (____) _____

Does not attend Harvest Bible Chapel, but is a guest of _____

I/we give parental consent for the above named child to attend and participate in the various activities sponsored by the student ministries leaders of Harvest Bible Chapel, North Indianapolis

In the event of an emergency, I hereby give consent to transport the above named child to a hospital for emergency medical or surgical treatment. However, if possible, as the parent or legal guardian, I/we wish to be advised prior to any medical treatment by the hospital or doctor.

Moreover, the undersigned does also hereby give permission for our child(s) to ride in any vehicle designated by the student ministries leader whose care the minor has been entrusted while attending and participating in various activities sponsored by Harvest Bible Chapel.

Name of Parent(s) or Guardian(s): PLEASE PRINT _____

(only one signature required)

Father's Signature Date Medical Insurance Co. _____

Policy # _____

Mother's Signature Date Family Doctor _____

Doctor's Phone _____

Legal Guardian's Signature Date

Optional: Other Emergency Names and Phone Numbers _____

Medications/Allergies/Illnesses/Instructions _____
