



Parental Consent Form

**Must be completed in its entirety. One form per student.
 Students will not be allowed to stay at the retreat without a completed consent form.**

Student First Name: _____
 Student Last Name: _____
 Home Address: _____
 City: _____ Zip: _____ Student Date of Birth (mm/dd/yy): ____ / ____ / ____
 Parent Contact # _____ Belongs to: _____
 Emergency Phone # _____ Belongs to: _____
 Insurance Company: _____ Policy # _____
 Policy Holder: _____ Group ID _____

THIS CONSENT MUST BE READ AND ANSWERED BELOW BY THE LEGAL PARENT AND/OR GUARDIAN OF THE STUDENT WISHING TO ATTEND!!!

I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is a registered student at the Peninsular Florida District of the Assemblies of God 2019 PK Retreat, I give my permission for this child to participate in all event related activities. I understand I am assuming such risks that are both known and unknown to me at this time. I hereby also give my permission for this child to travel to said activities in/with the transportation provided by the authorized director, staff member, or other responsible person of said event. While this minor is registered at the Pen Florida District Assemblies of God 2019 PK Retreat, I hereby authorize any director, staff member, or other responsible person of said event to consent to any x-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the United States, when such medical or surgical treatment is necessary. I also give permission for this child to receive over-the-counter medication from the event staff if necessary. I understand that my child is obligated to respect all rules related to the 2019 PK Retreat. In the event that he/she does not abide by the rules, I agree to fully cooperate with the PK Staff to remedy the situation, even if it includes dismissal from the event. If there is damage to hotel, or theme park property, or hotel items, or linens are missing from any rooms, the undersigned accepts full responsibility for restitution. Payment will include cost of material and any labor expenses.

Check this box if you have read, understand, and agree to the terms of this consent form in its totality.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Date: _____

This form is REQUIRED and must be brought to the PK Retreat with the student OR returned to PFYouth prior to the PK Retreat via email youth@penflorida.org or fax 863.683.8787