

**Parental Consent and Release**  
**Children's Ministries - First Christian Church**

**1215 W. Main St. Centralia, WA 98531**

**(360) 736-7655**

[godspeople@comcast.net](mailto:godspeople@comcast.net)

Child's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City/State \_\_\_\_\_  
Zip \_\_\_\_\_

**To Whom It May Concern –**

The undersigned does hereby give permission for our/my child, named above, to attend and participate in all activities sponsored by First Christian Church, Centralia, Washington and hereby agree to hold harmless First Christian Church, its staff and sponsors in the event of injury or accident.

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

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to the authorization.

Date \_\_\_\_\_

Signature \_\_\_\_\_ and \_\_\_\_\_

Printed Names \_\_\_\_\_ and \_\_\_\_\_