

Riverside Christian Fellowship

7771 N. Carl G. Rose Hwy, Hernando, FL 34442 Phone: 352-726-4193

Parent/Guardian Consent Form

I, _____, am the parent or legal guardian of _____ (Hereinafter “my child”), and I am informed of the activities offered by Riverside Christian Fellowship of Hernando, Florida, beginning on the day of / / , and ending on the day of / / .

As parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided for by this organization.

(Signature of Parent or Guardian)

Additional Information:

My child is to be excluded form the following activities:

If there is a medical problem needing immediate attention, I authorize my child to be provided with the necessary care given the circumstances, including but not limited to emergency services such as ambulance and hospital requirements.

Emergency Contact # _____

Personal Physician Information: _____

(Signature of Parent or Guardian)