

PARENTAL CONSENT FORM

Dove Singers Permission Form

*To be completed for every Dove Singers member 17 years old or under
Must be completed and returned to Group Leader by the Second Monday of January
(If more than one child from a family is participating, a separate form is required for each child.)*

Name of participant_____

Date of birth_____

Medical conditions (including allergies, medication, ADHD, etc.)_____

Primary person who should be contacted in an emergency if I am not at the rehearsal:

Name_____ Phone_____

Someone who would be willing to assume temporary care if that person cannot be reached:

Name_____ Phone_____

By signing this form, I am acknowledging the following:

I have read the information sheets and covenant for Dove Singers that were handed out at the first rehearsal, and agree that my child will adhere to all rules and responsibilities.

I acknowledge that I have provided medical or other important information that Dove Singers should know about my child. This will be kept confidential except for adults in leadership who need to know.

I understand that my child will be supervised by a responsible adult for the duration of the rehearsal if I am not present. However, I will not hold Dove Singers or a host church responsible for any spontaneous or unforeseeable injury that could not have been prevented, or was caused by my child’s disregard for directions.

In the event of an emergency and I am not present or cannot be reached by telephone, I hereby authorize Dove Singers leadership to authorize transport and medical treatment by qualified personnel.

Parent/Guardian signature_____Date_____

Phone _____
