



O A B C

2823 East Oakland Avenue – Johnson City, TN

Dear Parents and/or Legal Guardians,

You will find an attached “Parental Consent/Medical Treatment Authorization Form” that needs your immediate attention. We need you to fill out the form completely, sign and initial in the applicable places. This form will need to be returned by your child or teen to the activity leader “BEFORE” your child or teen can take part in the church approved activity.

Listed below is the information about the activity your child or teen will be involved in. Please keep this letter for your records and return the “Parental Consent/Medical Treatment Authorization” before the date listed below. If you have any questions, please feel free to contact the activity leader personally and they will answer any questions you may have.

- Date of the Activity: _____
- Place of the Activity: _____

- Time of the Activity: _____
- Description of the Activity: _____

- Activity Leader (s) & Contact Information: _____

- Date the Parental Consent / Medical Form Needs To Be Returned: _____

- Your Financial Responsibility for the Activity: _____

Thank you so much for allowing your child/teen to participate in the activity and giving us the opportunity to minister to them and your family.

