

**Action Program Office
Parent Consent and Healthcare Authorization**

Name of Participant (under 18 at time of Activity):

I, _____, am the parent or lawful guardian of the above named participant ("my child"), and I hereby grant permission for my child to participate in the People of Praise, Inc. _____ project as a member of the Action Division of the People of Praise, Inc. (the "Activity"). I understand that my child's participation in the Activity involves traveling to and from and working on the projects of the Action Division. I hereby authorize my child's adult leaders and supervisors to consent for all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic tests, etc.) that may be required during my absence. This consent serves as permission for treatment by the medical treatment provider selected by my child's adult leaders and supervisors, including the medical treatment provider's associates and physicians. Set out on the attached form is pertinent information, including emergency contact information and the name and policy number of my child's medical insurance provider. I agree to pay for all services provided to my child in my absence. The medical treatment authorization shall be effective until _____.

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

*** Please return to: The Action Program Office
1442 Yale Avenue, Shreveport, LA 71103 ***