***GROUP PERSONAL ACCIDENT INSURANCE***

***CONSENT FORM***

I ……………………………………………………………………………………………………………………………. hereby give consent for my child/ward

 ***Name of Parent/Guardian***

…………………………………………………………….……………………………………………………………………………………….. to attend

***Name of Child/Ward***

Year’s Activities ⃝ ………….. or Function ⃝ ……………………………………………………………………………..

 ***Year State Name of Function***

with the ……………………………………………………………………………………………………….SDA Church

 ***Name of Church***

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 ***Dated*** ***DD/MM/YY Signature (Parent/Guardian)***

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