

# Youth Permission Form

2007-2008

I hereby consent to \_\_\_\_\_ participating in youth activities at First Presbyterian Church for the period of September 2007 – September 2008.

I understand that the youth activities may include overnights and events that take place away from the church. I understand that transportation will be by church bus, van, or the car of adult supervisory personnel.

Should it be necessary for my child to have medical treatment while participating in these events, I hereby give the church personnel permission to use their judgement in obtaining medical service for my child. I give permission to the physician selected by the church to render medical treatment deemed necessary and appropriate by the physician.

I agree that in the event my child is injured as a result of his or her participating in these events, including transportation to and from such activities, through the negligence (active or passive) of the church, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit plan of mine.

Finally, I give permission for pictures of my child to be posted on the First Presbyterian Church website.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Emergency/Medical Information

Youth's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Telephone Number(s)

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Other: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_

Physician Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special Health Concerns: \_\_\_\_\_

\_\_\_\_\_

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