

# frenchtown presbyterian church youth permission form 2014-2015

**please use ink to complete both sides of this form.**

Student's Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Phone # (home): \_\_\_\_\_ Cell # (student): \_\_\_\_\_

Student Email: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Alt. Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Section I: Medical Information

Medical Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Insurance Co. Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please describe in detail any physical, psychological or other impairment of which FPC leaders should be aware and what protective action, if any, is required during this event:

\_\_\_\_\_  
\_\_\_\_\_

Please list any medication your child is taking now (or will be taking at the time of the event):

\_\_\_\_\_

Please list anything to which your child is allergic (e.g. food, drugs, pollen, etc.):

\_\_\_\_\_  
\_\_\_\_\_

Please indicate whether your child suffers from or has ever experienced any of the following:

asthma                       epilepsy/seizure disorder     heart trouble

freq. stomach upset             diabetes                       physical handicap

Date of child's last tetanus shot: \_\_\_\_\_ My child wears:  eyeglasses     contact lenses

Please list and explain any major illnesses your child experienced during the last year:

\_\_\_\_\_

Please list and explain any other reasons your child's activities should be restricted:

\_\_\_\_\_

## Section II. Consent & Release

The following student, \_\_\_\_\_, has my/our permission to attend the activity listed above which is sponsored by Frenchtown Presbyterian Church (FPC).

I/we the undersigned have legal custody of the above minor student(s), and I/we give our consent for him/her to attend this event being organized by FPC. I/we understand there are inherent risks involved in any ministry, social or athletic event and I/we hereby release FPC, its pastors, employees, agents and volunteer workers from any and all liability for injury, loss or damage to person or property that may occur during the course of my/our child's involvement. I/we give our permission for any FPC staff leader or adult volunteer to seek medical attention they deem necessary for my son/daughter and I/we release FPC and its staff and adult volunteers from all liability for injury or personal loss to my son/daughter. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital or medical personnel designated by FPC or its adult staff or volunteer leaders, I/we agree to hold such person(s) free and harmless of any claims, demands or suits for damages. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider listed above on this form. Further, I/we affirm that the health insurance information provided above is accurate as of this date and will, to the best of my/our knowledge still be accurate for the student(s) at the time of this event. I/we also agree to bring my/our child(ren) home at my/our own expense should they become ill or if deemed necessary by the FPC staff leader or adult volunteer.

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

Name of Parent/Guardian (please print): \_\_\_\_\_

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

I/we hereby grant permission to FPC, its staff and adult volunteers to contact my student by use of cell phone, social media and email. YES/NO \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_

I/we hereby grant permission to FPC, its staff and adult volunteers to use appropriate photos, videos and any other likeness of my student for the purpose of church and youth group publications (such as flyers, newsletters, videos, etc..) and internet/social media sites.

YES/NO \_\_\_\_\_ Initial: \_\_\_\_\_ Date: \_\_\_\_\_