

# FPC PERMISSION FORM

\_\_\_\_\_ has my permission to attend  
Participant's Name

Event: \_\_\_\_\_

Place: \_\_\_\_\_  
with the First Presbyterian Church Youth Group

Leaving at \_\_\_\_\_ on \_\_\_\_\_  
Time Date

Returning: \_\_\_\_\_ Travel will be by: \_\_\_\_\_  
Date/Time

Cost is: \$ \_\_\_\_\_ (Make checks payable to "First Presbyterian Church") Due Date: \_\_\_\_\_

We (I) authorize the Event Leaders, in whose care the participant has been entrusted to secure medical treatment as deemed necessary by the Event Leaders, including, but not limited to, examination, X-ray, hospital care, hospitalization, injections, anesthesia, surgery, and any other medical/dental diagnosis or treatment for our (my) child/ward.

We (I) further authorize said Event Leaders to sign any consent thereto as fully as if we (I) could if we (I) were personally present. Whenever feasible and possible the Event Leaders will attempt to contact the parent(s)/guardian(s) for guidance and direction and will attempt to allow the parent(s)/guardian(s) to speak with any health care provider prior to any procedure or treatment.

The undersigned shall be liable and agree(s) to be responsible for and/or pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforesaid participant pursuant to this authorization.

Should it be necessary for our (my) child/ward to return home due to medical reasons, the undersigned shall assume all transportation costs.

The undersigned does also give permission for our (my) child/ward to ride in any vehicle designated by the Event Leaders, in whose care the participant has been entrusted while attending and participating in activities sponsored by First Presbyterian Church. We do not permit high school students to drive for youth activities.

First Presbyterian Church is pleased to provide programs and activities as part of its ministry. Participation in programs and activities are contingent upon the participant's appropriate Christian behavior, as explained in detail in our Student Ministries Code of Conduct. Any participant not conducting himself/herself in this manner at any program or activity may be required to leave the program or activity at the expense of the parent/guardian when so instructed by the Event Leaders in whose care the participant has been entrusted.

**I do hereby release and discharge First Presbyterian Church, the Staff, and the Event Leaders from all claims, injury or property damage during the participant's involvement in the event, including any transportation to and from the place of the event, and further agree to indemnify and hold harmless First Presbyterian Church, the Staff, and the Event Leaders, from all claims, actions, and causes of actions, that may at any time be made or brought for injuries or damages arising out of the event, including transportation to and from the place of the event.**

Photographs from this event may be used in promotional materials or on an internet website maintained by First Presbyterian Church. The purpose of these pictures will be to promote our program and to generate excitement among our youth.

Please provide any **new** or **updated emergency information** on the back of this form.

Signed: \_\_\_\_\_  
(Parent/Guardian) (Home Phone) (Work/Cell Phone)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Participant)

**REVERSE SIDE MUST BE FILLED OUT**

Please fill out the appropriate box, **either A or B**. If medical information has not been submitted within the last 12 months or there have been any changes, Box B must be filled out.

**Box A**

I have previously submitted my child's health information (within 12 months) and there have been no changes.

Parental Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Box B**

**FILL OUT COMPLETELY & ATTACH A PHOTOCOPY OF INSURANCE CARD**

Participant Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_ Known Allergies: \_\_\_\_\_

Current Medications or Health Conditions: \_\_\_\_\_

**Insurance Information**

Name of health insurance company \_\_\_\_\_

Health insurance policy number \_\_\_\_\_

Phone/Address of health insurance company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy holder's phone # \_\_\_\_\_

**Emergency Contact Information**

(please indicate person's relationship to participant)

1) \_\_\_\_\_

2) \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**\*\*\*Please attach a copy of your insurance card to this form**