

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 posted on an internet website or used in promotional materials by First Presbyterian Church. If any name is used, I understand it will only be my child/ward's first name. The purpose of these pictures will be to promote our program and to generate excitement among our youth. If the boxes are left blank, it will be assumed that permission has been granted.

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

Signed: _____
(Parent/Guardian) (Home Phone) (Work/Cell Phone)

Signed: _____ Date: _____ Internet Photo Permission? Yes No
(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**