

Parent Consent/Information Form

1st Presbyterian Youth Group Activities

Youth's Name _____

Address _____ City/State/Zip _____

Youth email (optional) _____ Youth Cell Number _____

Age _____ Gender _____ Date of Birth _____

Parent/Guardian Name _____ Home Phone Number _____

Cell or Work Phone Number _____ Email (optional) _____

I hereby release 1st Presbyterian Church, its staff and adult representatives, from responsibility and liability for any injury and/or illness that my child may sustain during the event. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray, examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent/Guardian Signature _____ Date _____

If Parent or Guardian are not available, please call the relative listed.

Name _____ Phone Number _____

Primary Insurance Information:

Policy Holder _____ Policy Name and ID # _____

Primary Physician _____ Physicians Phone Number _____

Please comment on any known allergies or conditions that we should be aware of