Plymouth Presbyterian Church Youth

Permission Form: 2010-2011

I give my permission for _____ to participate in Plymouth Presbyterian Church youth group activities. I will notify the specific group leaders if my child does not have permission to attend a specific event. I understand that special events may require a separate permission form. I agree to direct my child to cooperate and conform to directions and instructions of personnel (volunteer or staff) responsible for activities.

I have completed the annual *Medical Information/Release Form* and it is on file in the church office. I agree that in the event my child is injured as a result of his/her participation in the above-named activities, including transportation to and from these activities, whether or not caused by the negligence (active or passive) of the activity or the church program, or any of its agents or employees; recourse for the payment of any hospital, medical , dental, or related costs and expenses will be paid either by me or my spouse, accident, hospital or medical insurance, or any available benefit plan of mine or my spouse.

I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physical, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law. I hereby give permission to the physician selected by the activities supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

In the event of an emergency, I give permission to the church staff or youth advisors to seek appropriate medical attention for my youth. Every attempt will be made to notify me immediately of such an emergency. I understand that while Plymouth Presbyterian staff and volunteers will do their best to insure my child's safety, they cannot take responsibility for any injuries to my child that are reasonably beyond their control.

I understand that photographs may be taken of the event and its participants and I give permission for these photographs to be displayed, posted, or shown on the church website, within the church building, or used for other church-sponsored activities. At no time will my youth's full name be used with these pictures in a public forum (web-pages, materials sent to non-church members, etc.).

_____ _____

Parent or Guardian Signature Parent or Guardian Printed Name

Youth's Full Name_____

First Middle Last

Birth date_____ Phone number _____

Address_____

_____

**** Scholarship** monies available confidentially for events with prior arrangements made through the pastor(s), staff, or volunteer youth advisor(s).

Medical Information/Release Form for the 2010-2011 School Year

Youth's Full Name_____
First Middle Last

Emergency Contacts

Name of Father or Guardian_____

Name of Mother or Guardian _____

Home Phone Number(s)_____

Work Phone Number(s)_____

Cell Phone Number(s) for guardian(s)_____

Cell Phone Number for student_____

If Parents Cannot be Reached

First Contact_____
Name Relationship Phone #

Second Contact_____
Name Relationship Phone #

I hereby warrant that to the best of my knowledge my youth is in good health and I assume all responsibility for the health of my youth.

Signature:_____ Date:_____

Medical Information

Name of Insurance_____

Group Number_____ Member Number_____

Allergic reactions_____

Date of last tetanus/diphtheria immunization:_____

Medications Used _____ Dosage _____

Special diet?_____

Any physical limitations?_____

Known Medical Conditions_____

Family Doctor_____ phone number _____

Family Dentist _____phone number _____

For overnight trips or special circumstances: Is youth subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bed wetting, fainting or seizures? _____

Please return to Allison Nahr.