

# Northminster Presbyterian Church Youth Group Permission & Medical Release Form

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

Date(s): \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Insurance Policy/Medical Plan # (for emergency use): \_\_\_\_\_

Please list all allergies, health conditions, medications, or any concerns of which adult supervision should be aware.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the Parent/Legal Guardian of the above listed child, do hereby give permission for him/her to attend the event listed above. I do hereby release Northminster Presbyterian Church, its staff, and volunteers from any responsibility in case of accident, illness, or injury during his/her participation in the event listed above. I understand that adult supervision is provided for this activity and I authorize them to seek treatment by an accredited hospital or physician if it is deemed necessary for my child in the event of any emergency and will assume any financial expense resulting.

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

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