

2018-2019 FIRST (SCOTS) PRESBYTERIAN CHURCH PERMISSION AND RELEASE STATEMENT

Youth Name: _____ Home Phone Number: _____

Address: _____ City and Zip: _____

Youth Cell Phone: _____

Youth Email: _____ Date of Birth: _____

Grade _____ School: _____ Adult T-shirt Size: _____

Parent Name: _____ Parent Cell Phone: _____

Parent Email: _____ Parent Alt. Phone: _____

Parent Name: _____ Parent Cell Phone: _____

Parent Email: _____ Parent Alt. Phone: _____

I grant permission for my above-named child to join the youth of First (Scots) Presbyterian Church on any retreat, trip, or youth activity scheduled and approved by the Christian Education Committee and/or Church Session for August 1, 2018 – September 30, 2019. I understand that the church follows the “Two Adult Rule” and provides adult to youth ratios of 1:7 for youth in the 6th – 12th grades. All co-ed retreats or overnight activities will be supervised by male and female chaperones.

I hereby release First (Scots) Presbyterian Church, its staff, and chaperones from any responsibility and liability for any injury or illness that my child may sustain during his or her participation with the youth group. In the event of an emergency, I hereby authorize an adult leader of the youth group, 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 the laws of the state where the services are rendered, either at a doctor’s office or in any hospital. I expect to be contacted as soon as possible. I further give permission for my child to take prescribed medication and I shall provide instructions for any questions that may arise concerning these medications.

Signature of natural parent/legal guardian: _____ **Date:** _____

Printed Name of Person signing: _____

Non-Parent Emergency Contact:

Name: _____ Relation to youth: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Medical Information

Allergies: _____

Medications being taken and dosing instructions: _____

Physical disabilities or limitations: _____

Medical insurance company: _____ Policy number: _____

Policy member’s name: _____ Employer: _____

Photography: _____ Initial here if you **DO NOT** want your child’s image to be included in any First (Scots) youth promotional material (bulletin boards, brochures, website, etc.)