

**PARENTAL/GUARDIAN CONSENT RELEASE FORM**  
**FOR ALL FIRST PRESBYTERIAN YOUTH ACTIVITIES**  
**SCHOOL YEAR: 2019 - 2020**



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

Phone Number: \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

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

City, State, Zip code \_\_\_\_\_

Youth's cell #: \_\_\_\_\_ Grade: \_\_\_\_\_

*I give my Son/Daughter permission to ride in church arranged vehicles for First Presbyterian Church related activities; and release First Presbyterian Church from any damages, which may result due to accident or injury. I, the undersigned, hereby authorize a representative of First Presbyterian Church to authorize medical treatment, surgery or dental care to be given to my son/daughter as considered advisable or necessary in the judgment of an emergency medical professional or attending physician. I understand that if my son/daughter does anything illegal, misbehaves or is disruptive that I am responsible to pick him/her up from this event, at ANY TIME and at my expense. I, the undersigned, have read and understand the above Consent Release Authorization.*

- My child has permission to ride with the Pastor or the Director of Youth Ministry whether there are others in the car or not.**
- My child has permission to ride with the adults listed on the back of this form whether there are others in the car or not.**

Parent Name: \_\_\_\_\_ Cell Number \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Number \_\_\_\_\_

Emergency Contact (Relative or Friend) (name) \_\_\_\_\_  
 (phone) \_\_\_\_\_ (relationship) \_\_\_\_\_

Insurance Name \_\_\_\_\_ Policy # \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Insurance Phone# \_\_\_\_\_

Any medical conditions, medications, diet or allergy information that we should be aware of: \_\_\_\_\_

**Communication Directives**

\_\_\_\_\_ I give permission for my child to be contacted directly through phone, text message, or email by the Youth Director/Pastor.

\_\_\_\_\_ I would prefer that I be copied on or notified of all communication with my child – phone, text message or email.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Youth Email \_\_\_\_\_ Parent(s) Email \_\_\_\_\_