

Please print in ink and complete a separate form for each student

Please take this student off of the mailing list for ALL First Presbyterian Church mail and email lists.

Name of Student: _____ Age _____ Birth date _____
LAST FIRST MIDDLE

School & grade _____ Male Female Student Email _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Student Cell _____

Medical insurance company _____ Phone _____

Policy # _____ Group # _____
INSURANCE PROTECTION IS THE RESPONSIBILITY OF THE STUDENT'S FAMILY

Physician _____ Office phone _____

Dentist _____ Office phone _____

PRIMARY PARENT(S) / GUARDIAN(S)

Mother's name (resides at address given above) _____

Phone: Work _____ Cell _____ Email _____

Father's name (resides at address given above) _____

Phone: Work _____ Cell _____ Email _____

Emergency contact _____ Phone: Home _____ Cell _____

SECONDARY PARENT(S) / GUARDIAN(S) – please fill out ONLY if you want identical mailings sent to another household

Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother's name _____

Phone: Work _____ Cell _____ Email _____

Father's name _____

Phone: Work _____ Cell _____ Email _____

Emergency contact _____ Phone: Home _____ Cell _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer

2. Does your child have allergies to—
 pollens medications food insect bites other

If so, please describe in detail: _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap

If so, please describe in detail: _____

4. Date of last tetanus shot: _____

5. Does your child wear glasses contact lenses

6. Please list and explain any major illnesses/operations/other medical conditions the child has experienced:

7. Should this child's activities be restricted for any reason? Please explain:

8. I give permission for my student to take the following medications:

NAME	PURPOSE	DOSAGE	TAKEN WHEN?
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive, immodest clothing, or bikinis
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all youth activities

NAME OF STUDENT

sponsored by First Presbyterian Church (hereinafter the "Church").

I give consent to the use of any videotapes, photographs, slides, audiotapes, or any other video or audio reproduction in which my student appears. I understand that these materials are being used for promotion of First Presbyterian Church youth ministry. Such promotional activities extend to recruitment, advocacy, fundraising, ect. Pictures may appear on the Church website. I release the staff and volunteers from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

To the best of my knowledge, the information on this form is accurate and complete and I understand that I am signing for the minor listed on this form and the signature is for both medical and liability release.

Parent/guardian signature: _____ Date: _____

