

Youth Connection Permission Form

Covenant Presbyterian Church

_____ has my permission to
(Youth first name) (last name)
participate in the activities of Covenant Presbyterian Church Youth Connection program, including off-site events. I also authorize the trusted Adults within the program to provide transportation for the above named Youth to and/or from or during a church event and waive the right to hold the drivers and Covenant Presbyterian liable in the event of an accident. I understand that we as Parents will be financially responsible for injuries to our minor should they occur at any time during an event.

Signed: _____
(signature of Parent or Guardian) (date signed)

In case of an emergency, I can be reached at the following numbers:

Home: _____ Work: _____

Cell phone: _____ Other: _____

In case I cannot be reached in a timely fashion, please call:

_____ (Alternate's name and relationship to Youth) (Phone number)

PARENT/GUARDIAN MEDICAL RELEASE FORM

Throughout participation in Covenant Presbyterian Church activities, I hereby authorize the treatment by a licensed medical professional of the minor named below in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, or cause disfigurement, physical impairment or undue discomfort if treatment is delayed. This Medical Release Form is for the sole purpose of authorizing medical treatment for said minor in emergency circumstances when I am not personally present or available by telephone to give such authority.

Name of Minor: _____ Relationship of Minor to me: _____

Signed: _____ Date: _____
(Signature of Parent or Guardian)

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Carrier phone number _____

Policy/Group Number: _____

Special medical information (i.e.allergies to medicines and/or food products, current medications in use)

Date of last tetanus shot: _____