

Youth Connection Permission Form for Covenant Presbyterian Church

_____ has my permission to
(Youth first name) (last name)
participate in the activities of Covenant Presbyterian Church youth programs including off-site events. I also authorize the screened and background-checked adults within the program to provide transportation for the above-named Youth to and/or from or during a church event. A youth would be alone in a vehicle with an approved adult only with parental permission/request and that will be obtained at a separate time on a case by case basis. I 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 Youth should they occur at any time during an event.

Signed: _____ // _____ // _____
(Parent or Guardian) (Print name) (Date)

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)

Do you give permission for Covenant Presbyterian to use pictures of above named Youth in church publications, web site & Facebook page? At no time will names be published. If given, permission will be considered granted until Covenant hears otherwise from you in writing. _____ yes _____ no

PARENT/GUARDIAN MEDICAL RELEASE

Throughout participation in Covenant Presbyterian Church activities, I hereby authorize the treatment by a licensed medical professional of the Youth 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 Youth in emergency circumstances when I am not personally present or available by telephone to give such authority.

Name of Youth: _____ Relationship of Youth to me: _____

Signed: _____ // _____ // _____
(Parent or Guardian) (Print name) (Date)

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: _____