

2010-2011 FPC Youth General Permission & Release Form

First Presbyterian Church 200 West Washington Street, Greenville, SC 29601 (864) 235-0496

Valid - September 1, 2010 – August 31 2011

Youth's Legal Name _____

Last

First

Middle

Nickname

Home Address _____ Zip _____

Home Phone # _____ Youth cell phone# _____

Youth's School _____ Grade _____

Father's Name _____ Father's e:mail _____

Mother's Name _____ Mother's e:mail _____

Father's cell phone _____ Mother's cell phone _____

Non-Parent Emergency Contact: Name _____ Relationship _____

Home # _____ Cell # _____ Alternate # _____

Medical Information: Primary Care Physician _____ Phone # _____

Primary Medical Insurance _____ Policy Holder _____

Group # _____ Member # _____ Phone # _____

Type of insurance plan: HMO ___ PPO ___ Other ___ Last tetanus shot date _____

List any important medical information (allergies, food allergies, medications, bee sting reactions, medical conditions)

Permission and Release

_____, the undersigned, parent or legal guardian of _____, a child in attendance at functions of First Presbyterian Church, do hereby grant permission for said child to participate in all activities, trips, and programs in connection with First Presbyterian Church. I hereby acknowledge that my child is physically fit and capable of participating in all such activities. Transportation arrangements will be made under authorization of First Presbyterian Church and trips/events/activities will be under adult supervision. Since the activity, trip or program is arranged for the benefit of the participants, it is understood that First Presbyterian Church, its employees, and adult supervisors and volunteers will exercise caution, judgment, and care, but cannot be held responsible in case of accident, injury, and loss or damage of property in connection with the activity, trip or program, and the undersigned will hold them harmless from all such claims.

I hereby authorize the adult supervisors and any licensed physician/medical personnel to take all emergency steps that may be deemed necessary in case of an accident. As parent or legal guardian I hereby give my permission for emergency medical treatment for my child in the event I cannot be reached for authorization.

The undersigned further agrees to admonish the child participant to exercise care, to be well behaved and in all things to be obedient to and under the direction and control of those adults in charge. The undersigned also further agrees to inform the church immediately of any changes in the information presented on the release form. This release form is valid for the period documented above or until revoked by the undersigned.

Signature of Parent/Legal Guardian

Date

This form must be completed & returned before your child can participate in FPC sponsored outings/events