

First Presbyterian Church
323 Main Street, Greenville, Pa., 16125
Parental Permission and Medical Authorization Form

Participant's Name: _____ **Birth Date:**

I give permission for my child (named above) to attend the events, field trips, and service project associated with First Presbyterian Church, I further give permission for my child to be transported to and from events by volunteer adult drivers by First Presbyterian Church.

Medical Release:

I hereby authorize First Presbyterian Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical care, treatment, and necessary transportation advisable for the health and safety of my child. In a medical emergency, I will be contacted as soon as possible.

Activity Release:

I further give permission for my child to participate in all activities sponsored by First Presbyterian Church for the year 2023-2024.

Signature of Parent/Guardian _____ **Date:** _____

Printed name of Parent/Guardian _____

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Emergency Contact Information

Participant's Name: _____

Youth Cell Phone: _____ **Parent Cell Phone:** _____

Street: _____ **Town:** _____ **Zip:** _____

Parent E-Mail: _____

Other Emergency Contact Person: _____ **Phone:** _____

Health Care Information

Participant's Name: _____ **Birth Date:** _____

Physician's Name: _____ **Phone Number:** _____

Medical Insurance Co: _____ **Policy Number:** _____

Please let any allergies or any dietary needs: _____

We would like permission for this youth's photo/image to possibly be placed on our church web site and or the bulletin board at the church. If you do not want this youth's photo used, please check: No Photos _____