



2021-2022

PARENT/GUARDIAN PERMISSION & MEDICAL CONSENT FORM

YOUTH/CHILD INFORMATION

Child's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

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LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

YOUTH/CHILD INFORMATION

Child's Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

GUARDIAN 1

Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

GUARDIAN 2

Names: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

**MEDICAL INFORMATION AND HISTORY**

Y/N Allergies – Please specify: \_\_\_\_\_

Y/N Medications (In original container with dosing directions)- If yes, what medications:  
\_\_\_\_\_

Y/N Currently under medical treatment? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\_\_\_\_\_  
*NAME OF YOUTH/CHILD PARTICIPANT(S)*

**PARENT/GUARDIAN PERMISSION & MEDICAL CONSENT FORM**

PARTICIPATION *initial* \_\_\_\_\_

I, the undersigned do hereby give permission for my above named child to attend and participate in activities sponsored by First Presbyterian Church Covington from now until one year from the signed date. I understand that youth activities, such as sports, field trips and other activities, carry with them a certain degree of risk, and will not hold First Presbyterian Church, it's staff or volunteers liable.

MEDICAL EMERGENCY *initial* \_\_\_\_\_

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision of any physician or dentist licensed under the supervision of any physician, dentist, paramedic, or other care provider at the hospital or office of such person(s) or at any other location where such services may be rendered.

FINANCIAL RESPONSIBILITY *initial* \_\_\_\_\_

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

TRANSPORTATION WAIVER *initial* \_\_\_\_\_

The undersigned does also hereby give permission for his/her child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Presbyterian Church Covington.

PHOTO WAIVER YES \_\_\_\_\_ NO \_\_\_\_\_

The undersigned hereby gives permission for photos of his/her child taken while participating in First Presbyterian Church Covington activities, to be used by First Presbyterian Church in advertising/promotional aspects, either in print and/or on its website.

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Minor(s): \_\_\_\_\_

***This form is valid for one year from the signed date.***

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