First Presbyterian Church of South Bend
Parent/Guardian Permission Form for Child/Youth Activities

This form is required for all children and youth in grades kindergarten through twelve participating in off-site activities, and must be on file in the Church Office for your child or youth to be included in any such events.

I, ____________________________ (name of parent or guardian) give permission for my son/daughter ____________________________ to participate in ______________________________________ (name of event) sponsored by ____________________________ of First Presbyterian Church.

It is my understanding that the event will be held on _____________________ from ____________ to ___________ (date and time). The location of the event will be __________________________________________________, which will be reached by ______________ (mode of transportation).

I have completed all forms (including Child/Youth Information Form and Medical Information and Release) as required by the leaders of the event. I have also read all the information with regard to itinerary, schedule and group rules.

Is there any other pertinent information that you would like us to have about your child? (e.g. custodial arrangements, medications/prescriptions, health/behavioral issues, persons whom your child should not be released?)

Should emergency medical treatment be necessary, I authorize __________________________________ (name of group leader and/or leaders) to act on my behalf and approve appropriate treatment.

Parent/Guardian Signature __________________________________

Date: _________________________

Leader in Charge Signature ____________________________

Date: _____________________________
First Presbyterian Church of South Bend
Child/Youth Medical Information and Release

Child’s Name ________________________  Child’s Date of Birth _____________

Parent/Guardian Name(s) __________________________________________________________

Over-the-counter medicines (e.g.) Tylenol, Pepto-Bismol) may be administered to my child for minor ailments. List those allowed __________________________________________________________

Other health issues concerning my child are __________________________________________

<table>
<thead>
<tr>
<th>Child’s Primary Physician</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>Health Insurance Carrier</td>
<td>Policy No.</td>
</tr>
<tr>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>Child’s Dentist</td>
<td>Phone</td>
</tr>
<tr>
<td>_________________________</td>
<td></td>
</tr>
<tr>
<td>Dental Insurance Carrier</td>
<td>Policy No.</td>
</tr>
<tr>
<td>_________________________</td>
<td></td>
</tr>
</tbody>
</table>

Other Important Health Care Professionals (e.g. eye doctor, orthodontist, psychotherapist, allergist, etc.):

_____________________________  Phone ________________

In case of emergency, I hereby authorize the adult leader in charge to select and secure appropriate medical personnel for my child. Further, I authorize those medical personnel to perform and provide all reasonably necessary medical care, including but not limited to, diagnostic (e.g. radiology), hospitalization, anesthesia, surgery, and prescription drugs, advisable for the health of my child/youth.

_____________________________  _______________________
Parent/Guardian Signature     Date

_________________________  _________________
Year Applicable