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: _____

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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 _____

Child's Primary Physician _____ Phone _____

Health Insurance Carrier _____ Policy No. _____

Child's Dentist _____ Phone _____

Dental Insurance Carrier _____ Policy No. _____

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