

FIRST PRESBYTERIAN CHURCH
Permission Form

PARENT OR GUARDIAN'S STATEMENT

My child _____ has my permission to go on the church outing to which I understand will be supervised by First Presbyterian Church leaders. I understand that every reasonable effort will be made to conduct these activities in a manner that regards safety as is deemed so by those put in charge of said event. I also understand that pictures and videos will be taken at the events and give my permission to have pictures of my child posted on the church website and available to download. As parent or guardian, I remain fully responsible for any legal responsibility, which may result from personal actions taken by the named child. I fully understand that trips will take place away from the church premises and further consent to the methods of transportation. I consent and agree to not hold First Presbyterian Church, their employees, agents, volunteers or assistants responsible for any claims that I or they might have arising out of my child's participation in this program which is over and above that which is covered by insurance. I have explained the meaning of this statement to my child and the signature below indicates his/her agreement to do the same.

Parent or Guardian Signature Date Student's Signature Date

PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In the event that my child becomes ill or sustains injury while on an event sponsored by First Presbyterian Church, the supervisory personnel are given permission to administer any and all first aid as may be needed for his/her relief. If it is not possible to return him/her to us or to receive instructions for his/her care, consent is hereby given to admit him/her to any hospital, and consent is also given to any licensed physician to administer such treatment, drugs, or medications as deemed necessary and /or to perform surgical procedures needed for the relief of pain and to preserve his/her life and health. Authorization is given for any and all measures or procedures that may be required.

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy of First Presbyterian Church acts in a primary position only when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance company for First Presbyterian Church. I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the church event which is over and above that which is covered by insurance.

Home phone _____ Cell phone _____ Work phone _____

If I am unable to be reached, please contact (name of person) _____
by calling _____. Their relationship to my child is _____.

Child's birthdate _____ Doctor's Name & Phone Number _____
Insurance Company _____ Group No. _____ Subscriber No. _____
List any allergies and /or physical limitations _____

- Yes, supervisory staff has permission to administer Tylenol, Ibuprofen, Non Aspirin pain reliever, or Tums to my child in the dosages on the label.
 My Child may only receive over the counter medications if I am notified by phone first.
 No, my child may not receive any medication.

NOTE: A separate form needs to be filled out by your physician if your child requires prescription medication.

**First Presbyterian Church is not responsible for any items that become lost or stolen during an event.

Parent or Guardian Signature & Date _____

Witness Signature & Date _____