

Emergency Contact Person (parent/primary guardian)

Full Name: _____ Relationship: _____
Last First Middle

Address (if different from student): _____
Street City State Zip

Phones: (home) _____ (work) _____ (cell) _____

Alternate Contact Person (relative/family friend/secondary guardian)

Full Name: _____ Relationship: _____
Last First Middle

Address (if different from student): _____
Street City State Zip

Phones: (home) _____ (work) _____ (cell) _____

Providence Youth Fellowship Transportation Policy (October, 1999, p.8)

The Providence Presbyterian Church Child Protection Policy states the following:

1. *Transportation*

It is recommended that children be transported in groups rather than alone. A child's parent or guardian may give permission for an unaccompanied adult to drive a single child, or children, in a church-sponsored activity. Parental permission should be obtained in writing. This policy is not intended to prohibit staff of adult volunteers and offering a ride home to children in emergency situations. The adult leader shall make a reasonable attempt to contact parents prior to providing the ride.

No young person under the age of 18 will be allowed to drive other youth on the church program trips.

Parental Permission, Release of Liability, and Authorization for Medical Treatment

As a parent/primary guardian of _____ (hereafter "my youth"), I give my permission for my youth to participate in any and all of Providence Presbyterian Youth Fellowship events and activities from September 1, 2006 through August 30, 2007. I understand that youth may **not** drive any other youth on any PYF events. I give my permission for my youth to ride with an unaccompanied PYF leader, should the situation arise, during any off-site PYF events or activities.

I understand that in the event that medical intervention is needed, every attempt will be made to immediately contact me or the alternate contact person listed on this form. In the event that I cannot be reached in an emergency during the activity dates of September 1, 2006 through August 30, 2007, I hereby give my permission to the physician, dentist, or hospital selected by the activity leader to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my youth as deemed necessary.

I understand that my insurance coverage for my youth will be used in the event that medical intervention is needed.

I understand that the Providence Presbyterian Church PYF and its leaders will take all reasonable safety precautions while youth are in authorized locations during the events and activities of the PYF program. I understand the risk of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Providence Presbyterian Church or the Providence Youth Fellowship, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my youth.

Signature of Parent or Guardian

Date