Providence Presbyterian Church 2011-2012
Permission, Release, and Authorization for Medical Treatment Form

Please Print

Student Information **Guardian's primary e-mail addresses to use for communications:**_____

Full name:_____ Phone:_____
Last First Middle

Address:_____
Street City State Zip

Birthdate:_____ Age:_____ Sex:_____ Height:_____ Weight:_____ Grade:_____

Health Insurance Information

In the case of injury or illness requiring medical attention while your child is participating in a PYF event or activity, your health insurance will be billed. Do you have health insurance? _____Yes _____No

Name of insurance company:_____

Policy Number:_____ Group Number:_____

Name of policyholder:_____

Name of Doctor:_____ Phone Number:_____

Health History Information

Pre-existing or present medical conditions:_____

_____

Name and dosage of any medications that must be taken:_____

_____

Allergies:_____

Allergies to medications:_____

Date of last tetanus shot:_____ Does student wear contact lenses?_____

Any activity restrictions?_____

Permission to Administer Medications

I give permission for the below indicated medications to be administered to my youth at my youthôs request or as deemed necessary by adult leaders. Check all that apply.

Ibuprofen	Sudafed (or generic equivalent)
Tylenol (or generic equivalent)	Benadryl (or generic equivalent)
Aspirin	Pepto Bismal
Imodium AD	Cough Drops
Tums	Dramamine

Parent Signature:_____ Date:_____

Continued on Reverse

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 from 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 ñmy youthò), I give my permission for my youth to participate in any and all of Providence Presbyterian Youth Fellowship events and activities from September 1, 2011 through August 31, 2012. 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, 2011 through August 31, 2012, 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

Photo Release

I hereby give permission for images of my child, taken during Providence Presbyterian Church activities through photo and digital camera, to be used in publications promoting Providence Presbyterian Church including albums on the Providence Presbyterian Church website and the Providence Presbyterian Church newsletter. I understand that my childôs name will not be used without parent/guardian permission.

_____ _____
Signature of Parent or Guardian Date