

Permission/Release Form

First Presbyterian Church
800 South Enota Drive, N.E.
Gainesville, GA 30501
Phone 770-532-0136 / Fax 770-287-1397

Name _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

Birth Date _____ Emergency Phone # _____

First Presbyterian Church Member: ____yes ____ no Invited by _____

I give permission for my above-named child to join the *(1) of First Presbyterian Church on the *(2) at/to *(3) on *(4). I understand that the group will be traveling *(5). I also understand that the cost of *(6) includes *(7). This cost does not include *(8). I understand the group will be traveling on the church van or by private cars driven by adults.

* (1) Name of Group: First Presbyterian Church Youth Group

* (2) Name of Activity _____

* (3) Location (place, city, state) _____

* (4) Dates and times _____

* (5) Transportation _____

* (6) Cost _____ Make check payable to: _____

* (7) Included in cost _____

* (8) Special instructions _____

I hereby release First Presbyterian Church, its staff and sponsors/advisors from responsibility and liability for any injury or illness that my child may sustain during this activity. In event of emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Signature of natural parent or legal guardian _____ Date _____

Name of Insurance Co. _____ Policy # _____

Name of Insured _____ S. S. # _____

Medical Information (Required for overnight)

Allergies or special considerations _____

List ALL medications currently being taken _____

Physical handicaps or limitations _____