



REDMOND
PRESBYTERIAN
CHURCH

GENERAL PERMISSION FORM FOR YOUTH ACTIVITIES 2007-2008

Youth's Name: _____
 Date of Birth: ___/___/___ Home Phone Number: ___-___-___
 Address: _____ City: _____ Zip: _____
 School: _____ Grade: ___ Age: ___

Mother (legal guardian) Name: _____
 Work Phone: ___-___-___ Cell Phone: ___-___-___ Email: _____

Father (legal Guardian) Name: _____
 Work Phone: ___-___-___ Cell Phone: ___-___-___ Email: _____

I, _____ hereby grant my permission for my legal child, _____ to participate in events and activities with the Redmond Presbyterian Church Youth Group between the dates of September 1, 2007 and August 31, 2008 under the supervision of parents and/or volunteers from Redmond Presbyterian Church. I understand that these events are planned and carried out by qualified leaders who have been through a thorough criminal background check by the state of Washington. I understand that these events may be dangerous and may cause physical harm to my child.

Under these conditions, I hereby release Redmond Presbyterian Church, its staff, sponsors, and volunteers from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader of these activities, as an agent for me, to consent to any medical, dental, or surgical diagnosis and treatment and/or hospital care advised and supervised by a physician, dentist, or surgeon (as applicable) licensed to practice under the laws of the state in which the service is rendered. In the event of an emergency where professional help is needed, I expect to be contacted as soon as possible.

Signature of Parent/Legal Guardian: _____
 Date: ___/___/___

Emergency Contact: _____ Relationship to youth: _____
 Home Phone: ___-___-___ Work Phone: ___-___-___ Cell Phone: ___-___-___

MEDICAL INFORMATION

Insurance Carrier: _____ Policy Number: _____
 Allergies (including drug reactions): _____
 Regular Medications: _____
 Special Dietary Needs: _____
 Date of Last Tetanus Shot: ___/___/___
 Family Physician: _____ Phone Number: ___-___-___

Check below if you do not want photos taken of your child at church events to be used in church publications.
 _____ I do not want photos of my child at church events used.