



GENERAL PERMISSION FORM FOR YOUTH ACTIVITIES 2010-2011

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, 2010 and August 31, 2011 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.