



St. John's Presbyterian Church
217 Berkley Rd, P.O. Box 399, Devon, PA 19333
610.688.5222 CE Line: 610.971.0670

MEDICAL CONSENT AND PERMISSION FORM –Youth Group Participants

Today's date _____

Child/Youth Name _____ Birth Date ____|____|____

Address _____ Year in school _____ Sex: M or F

Father Name: _____ Phone: home _____ work _____ cell _____

Mother Name: _____ Phone: home _____ work _____ cell _____

Emergency Contact: _____ Phone: _____

Insurance Company _____ Policy # _____

Name of Insured _____ Relationship to child/youth _____

Doctor _____ Phone _____ Hospital Preference _____

Special Health Information:
If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

Should this child's activities be restricted for any reason? _____

Any allergies to: Pollens Medications Food Insect bites

Regular Medications _____

Dietary Restrictions _____

Does your child wear Glasses Contact Lenses

Please turn over and sign for consent

Medical Consent and Permission Form (Cont)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and /or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suites for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

SIGNATURE OF BOTH PARENTS IS REQUIRED:

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, ultimate frisbee, concerts, Bible Studies, golfing, miniature golf, hayrides, bowling, rafting, rock climbing, and arcades.

If you wish to limit your child's participation in any event, please indicate below:

_____ has my permission to attend all youth activities.
NAME OF STUDENT

If you wish that your child's picture NOT be used in any publication (including web publication) of St. John's PC and its ministries please indicate by marking an X in the following blank _____

When attending church sponsored events, each student is expected to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- Students should refrain from driving other students
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- Girls only in girl sleeping quarters and boys only in boy sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Sponsored by **St. John's Presbyterian Church** (hereinafter the "Church") to be kept on file for all activities from **September 2, 2009 to October 10, 2010.**