

## Parental Consent for Medical Treatment/Permission to Attend Event

(Event and Date)

Youth Name: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Subscriber Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (amount and time to be taken): \_\_\_\_\_

Physical Handicaps or limitations: \_\_\_\_\_

**I hereby release East Woods Presbyterian Church, its Staff and Adult Representatives from responsibility and liability for any injury or illness that my child may sustain during an event. In the event of an 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 services are rendered, whether at a doctors office or in any hospital. I expect to be contacted AS SOON AS POSSIBLE.**

**Parent/Guardian Signature:** \_\_\_\_\_

If parent or guardian not available, please contact the person listed:

Name & Relationship to Youth: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### **SEATBELT SAFETY**

I hereby agree to wear my seatbelt at all times when riding in any vehicle participating in this event. If I am found riding without my seatbelt fastened, my parents will be contacted to pick me up immediately.

Signature of Youth: \_\_\_\_\_

I understand that my child is responsible for wearing his/her seatbelt at all times while in any participating vehicle. If she/he is found not wearing a seatbelt, I understand that I will be contacted to pick up my child immediately.

Signature of Parent or Guardian: \_\_\_\_\_

### **BEHAVIOR EXPECTATIONS**

Every parent or guardian should also understand that the adult representatives of East Woods Presbyterian Church are responsible for maintaining order and safety during the duration of the event in which your Youth is participating. Should a Youth, in the view of the Adult Representatives, become a chronic behavioral problem the parent of guardian will be notified and the youth will be sent home **at the parent or guardian's expense.**

Signature of Parent or Guardian: \_\_\_\_\_

I have read the above paragraph and understand that I will listen, show respect and follow the rules of East Woods Presbyterian Church and the Adult Representatives at this event.

Signature of Youth: \_\_\_\_\_