

First Presbyterian Church
356 Summit Road,
Springfield, PA 19064
Phone: 610 543-5110 Fax: 610 543-5412
Prayer Link: 610 543-2121
www.fpcspringfield.org

Permission-Release for Church Event

Name of Event: _____

Location of Event: _____

Date of Event: _____ Cost of Event: _____ (please make check payable to First Presbyterian Church)

Cost Covers These Expenses(food, housing, etc.) _____

Transportation will be by _____

I, (Participant's Name) _____ wish to attend the First Presbyterian Youth Group event written above. This event is a ministry of First Presbyterian Church. In keeping with the good intentions of the church, I promise to obey the instructions of the youth leader; respect the rights of others; and not to bring or use any non-prescribed drugs, narcotics, tobacco, or alcoholic beverages. I am aware that I may be sent home prior to the expiration of this event if this promise is violated.

_____ (Signature of Participant)

I (Name of Parent/Guardian) _____ give permission for the above named child to join the youth of First Presbyterian Church for the event named. I understand that if he/she is sent home early because of violation of the above promise, it will be at my expense. I understand the costs and transportation of the event as listed above.

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, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I agree to defend and indemnify First Presbyterian Church, its employees, and volunteers against any claim or action that might arise on behalf of myself or my son/daughter other than for the willful, wanton or reckless misconduct of First Presbyterian Church, its employees or volunteers.

Signature of Parent or Legal Guardian _____ Date _____

Emergency Phone Number (& Work) _____ (cel phone) _____

MEDICAL INFORMATION

ALLERGIES _____

MEDICATIONS BEING TAKEN _____

PHYSICAL HANDICAPS OR LIMITATIONS _____

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____ MEMBER'S NAME _____

First Presbyterian Youth Mission Statement
A Great Commitment to the Great Commandment and the Great Commission
will grow a Great Youth Ministry.