



YOUTH MINISTRY

Consent/Release Form

2018-2019

STUDENT'S INFORMATION:

Name: _____

Address: _____

(Street)

(City)

(State)

(Zip)

Birthdate: _____ Age: _____ Entering Grade: _____

Mobile Number: _____ Email: _____

It's ok to contact me (circle all that apply): phone text email

PARENT(S)/GUARDIAN(S) INFORMATION:

Parent/Guardian's Name(s): _____

Address (if different from above): _____

(Street)

(City)

(State)

(Zip)

Mobile Number: _____ Email: _____

It's ok to contact me (circle all that apply): phone text email

Mobile Number: _____ Email: _____

It's ok to contact me (circle all that apply): phone text email

EMERGENCY INFORMATION:

Emergency Contact: _____ Relationship: _____

Emergency Number: _____ (circle one) Home Mobile Work

Allergies: _____

Medications: _____

Additional Medical/Other Information: _____

MEDICAL INSURANCE INFORMATION:

Name of Provider: _____

Policy Holder: _____

Phone: _____

Policy #: _____ Group #: _____

PERMISSIONS:

I give the Presbyterian Church of Lawrenceville permission to use any photos taken of my child for website and other publication use with the understanding that there will be no name used in these publications. Yes No

I give the PCOL paid and volunteer staff permission to drive with my child in a car/van during youth events (retreats, conferences, mission trips, etc.). Yes No

By signing this document I/We hereby release PCOL, its staff and volunteers, from responsibility and liability for any injury or illness sustained while participating in the youth ministry programming and/or its events. I/We further understand that I/We and our insurance carrier assume full responsibility for all payments and costs associated with any emergency treatments performed. In the event of an emergency, I/We hereby authorize a PCOL staff or program leader, as agent for me, to consent to any x-ray examination; medical, dental, or surgical diagnosis; treatment; and/or 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.

Name of Parent/Guardian: _____

Signature: _____ Date: _____