

First Presbyterian Church of Matawan

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM 2023-2024

Participant Name: _____

Birth date: _____

I give permission for my child (named above) to attend the events, field trips, and service projects associated with the First Presbyterian Church of Matawan, I further give permission for my child to be transported to and from events by volunteer drivers authorized by the First Presbyterian Church of Matawan. **Medical Release** I hereby authorize the First Presbyterian Church of Matawan Youth Group leaders, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child. **Custody Release** I further authorize the First Presbyterian Church of Matawan Youth Group Leaders to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult. **Activity Release** I further give permission for my child to participate in all supervised activities except as noted:

Printed name of Parent or Guardian

Signature of Parent or Legal Guardian

Date: _____

CONTACT INFORMATION

Parent(s)/Guardian(s) Name(s): _____

Parents' Cell Numbers: _____ Name: _____

Name: _____

Youth's Cell Number: _____

Parent's Email Address: _____ Name: _____

Name: _____

Youth's Email Address: _____

Mailing Address: _____

Other Emergency Contact: Name: _____

Relationship: _____ Cell Number: _____

HEALTH CARE INFORMATION

Medical Insurance Company: _____

Policy/Group Number: _____

Contact Number: _____

Physician Name and Phone Number: _____

Dental Insurance Company: _____

Policy/Group Number: _____

Dentist Name and Phone Number: _____

Please list any allergies to drugs, foods, plants, insects, etc: _____ -

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in First Presbyterian Church of Matawan Youth group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.);

PHOTO/VIDEO CONSENT (please circle YES or NO)

Yes / No: I give my permission for my child to be photographed or videotaped during church activities. My child's image may appear in print or online promoting the church's activities, including the church's website, promotional brochures, and social media. I understand that my child's name will not be used to identify my child.

****Information provided on this form will be kept strictly confidential***