

**FIRST PRESBYTERIAN CHURCH**  
**GUEST YOUTH EMERGENCY INFORMATION CONSENT FORM**  
**September 1, 2015 to September 30, 2016**

Name of Participant: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**IN CASE OF EMERGENCY CALL:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**ALTERNATE CONTACT:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION:** Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CARRY EPI PEN/INHALER? \_\_\_\_\_ YES \_\_\_\_\_ NO

*\*Note of medical necessity from Doctor, stating child may keep this medicine/device in his/her possession. Please include note with this form.*

Please list any medications this child is presently taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Prescription medicine must be in original labeled container. Minors may not self-administer meds, except if needed for life threatening conditions (e.g. EPI Pen/Inhaler).

Please list all health restrictions, pre-existing or present medical conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

My child does not (I do not) currently have health insurance.

I/We understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I/we cannot be reached or the alternate contact person cannot be reached in an emergency I/we hereby give my/our permission to the physician selected by the activity leader to order emergency transportation, hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I/We understand that all safety precautions will be taken at all times by Grace Presbytery and its ministry partners during all events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Grace Presbytery, their leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by said child. Furthermore, I/We hereby assume all risk of personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein.

I/We understand that my insurance coverage for my/our child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/We hereby assume all transportation costs.

**PARENT OR GUARDIAN'S SIGNATURE**

**Date**

**FIRST PRESBYTERIAN CHURCH**  
**GUEST YOUTH TRAVEL CONSENT FORM**

Time Period: **September 1, 2015 to September 30, 2016**

I hereby grant my permission for \_\_\_\_\_ to participate fully in the activities conducted with First Presbyterian Church in Mesquite, Texas. These activities would include, but are not limited to:

- **Meetings of the L.I.F.E. Youth Ministry and activities planned by the church on or off site.**
- **Participation in Presbytery events.**
- **Participation in other activities that are planned or endorsed by First Presbyterian Church.**

Authorization and permission is hereby given to First Presbyterian Church to furnish any necessary transportation, food, and lodging, as deemed necessary, for this participant during the activities he or she will attend.

I/We understand that my insurance coverage for my/our child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/We hereby assume all transportation costs.

Parent or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**FIRST PRESBYTERIAN CHURCH**  
**PERMISSION TO USE LIKENESS**

I, \_\_\_\_\_ (parent/guardian), do hereby give my permission for my dependent child's likeness and/or photograph to be used for informational and promotional purposes (print, video, multimedia, and internet) for the L.I.F.E. Youth Ministries of First Presbyterian Church.

First Presbyterian Church agrees to make every effort to protect the privacy and dignity of your children. We will never include biographical information in connection with your child's picture/likeness. (Full name, address, e-mail address, etc.) Additionally, if you or your dependent request that a picture be removed, it will be done so immediately. In the case of an internet picture, this will be done as soon as possible. In the case of a printed picture, this will be done the next time it goes to print.

Name of Youth \_\_\_\_\_

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_