

**Participant Information**

Student: \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_ M/F \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone: \_\_\_\_\_ School: \_\_\_\_\_  
Student Email: \_\_\_\_\_ Student Cell: \_\_\_\_\_

**Parent Information**

Custodial Parent/Guardian: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent Email: \_\_\_\_\_  
Second Parent/Guardian: \_\_\_\_\_ Preferred Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent Email: \_\_\_\_\_

**Emergency Contact Info** (if parents cannot be reached)

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

**Allergies** N/A- ( )  
Please describe below  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Chronic or Recurring Illness**  
N/A- ( )  
Please describe below  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTC Medicine Release:**  
My child has permission to take or use the following:  
( ) ANY OTC IS FINE– if taken as directed  
( ) Tylenol/Acetaminophen  
( ) Advil/Ibuprofen  
( ) Sudafed/decongestant  
( ) Benadryl/antihistamine  
( ) Pepto Bismol/Tums/Antacid  
( ) Robitussin/expectorant  
( ) Other Instructions:

**Please describe conditions and give dates (if applicable)**  
Operations or serious injuries: \_\_\_\_\_

Date of Last Tetanus Shot: (month/year) \_\_\_\_\_  
Other Medical Info/Diagnoses We Should Know About: \_\_\_\_\_

**Medical History/Prescriptions**– comment where necessary.  
( ) Current Prescriptions: \_\_\_\_\_  
( ) My child has permission to take their medications on their own. (If no– instructions) \_\_\_\_\_  
( ) Wears Contacts/Glasses \_\_\_\_\_ ( ) Emotional/Psychiatric Disorders \_\_\_\_\_  
( ) Sleep Disturbances \_\_\_\_\_ ( ) Hearing Impairment \_\_\_\_\_  
( ) Digestive Issues \_\_\_\_\_ ( ) Diabetes/Other Chronic Illness \_\_\_\_\_  
( ) Motion Sickness \_\_\_\_\_ ( ) Homesickness \_\_\_\_\_

**Activity Restrictions:**  
\_\_\_\_\_  
\_\_\_\_\_  
**Special medical or dietary regimen to be followed (specify– include vegetarian diets, etc ...)**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



***Is there anything you would like us to know:*** (Please give us information about your child and your family! If there is anything behaviorally/emotionally going on, or things happening inside the family structure, that helps us minister to you all better, please let us know! (Also, we love to know good stuff! What are you in to? What do you love to do?))

***Insurance Information:*** (please attach a copy of your medical insurance card– front and back)

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

Phone: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy # \_\_\_\_\_

***Parent/ Guardian Permission and Release:***

\_\_\_\_\_ has my permission to attend all youth activities sponsored by First Presbyterian Church.  
Name of Student

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/ she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/ our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

To the best of my knowledge, the information on this form is accurate and complete and I understand that I am signing for the minor listed on this form and the signature is for both medical and liability release.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Photo Release:***

I hereby grant First Presbyterian Church permission to use my likeness in a photograph or other digital reproduction in any and all of its publications, including website entries. I give consent to the use of any videotapes, photographs, slides, audiotapes, or any other video or audio reproduction in which my student appears. I understand that these materials are being used for promotion of First Presbyterian Church youth ministry. Such promotional activities extend to recruitment, advocacy, fundraising, etc. Pictures may appear on the Church website. I release the staff and volunteers from any liability connected with the use of my picture or voice recording as part of any of the above or similar activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***We expect each student to conform to these RULES OF CONDUCT:***

- No possession or use of alcohol, drugs, or tobacco
- No students can drive other students during church youth activities.
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive, immodest clothing, or bikinis
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect one another, staff, adult leaders and property
- Respect and comply with event schedules