

**FIRST PRESBYTERIAN CHURCH YOUTH GROUP  
LIABILITY AND MEDICAL RELEASE FORM**

As the parent/legal guardian of \_\_\_\_\_, permission is hereby given for my child to attend youth group events on and off First Presbyterian Church's (FPC) campus, as well as field trips, retreats, concerts, camps and any other event off church property.

I understand and acknowledge that participating in activities involves inherent risks of injury to my child, including risks associated with transportation by motor vehicle. I agree to indemnify FPC, youth ministers, and volunteers for any costs or expenses arising out of my child's participation in the activities, including the cost of any medical care given my child or any expenses or fees incurred as a result of any damage or injuries caused by my child in the course of his or her participation in the activity.

I further give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

**Child's Legal Name** \_\_\_\_\_  
Date of Birth \_\_\_\_\_

Known allergies, including any allergies to medicine (continue on back of form if needed)

\_\_\_\_\_  
Any other medical problems/special needs which should be noted? (continue on back if needed)

**Name of Parent/Guardian** \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Person responsible for charges (if different from above)** \_\_\_\_\_  
Relationship to above-named minor \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

**Person to notify if parent/guardian is unavailable** \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

Family Physician \_\_\_\_\_  
Telephone \_\_\_\_\_

Insurance Carrier and Policy Number \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**