

**FIRST PRESBYTERIAN CHURCH NEXT DOOR YOUTH MINISTRY MEDICAL RELEASE  
AND PERMISSION FORM**

520 Royal Palm Blvd  
Vero Beach, Florida 32960  
772-562-9088

Today's date: \_\_\_\_\_

General Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Year in School \_\_\_\_\_ Gender M/F \_\_\_\_\_ Child's Email \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home number \_\_\_\_\_ Child's cell number \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's home # \_\_\_\_\_ Mother's cell # \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's home# \_\_\_\_\_ Father's cell# \_\_\_\_\_

Father's Email: \_\_\_\_\_

Medical Information (feel free to make a copy of card)

Emergency Contact: \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_

Physician: \_\_\_\_\_ Office# \_\_\_\_\_

Dentist: \_\_\_\_\_ Office# \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ Allergies \_\_\_\_\_

Does Your child wear glasses? (yes/no) \_\_\_\_\_ Contact Lenses? (yes/no) \_\_\_\_\_

**Does your child suffer from, or has ever experienced, or is being treated currently for any of the following?**

Asthma  epilepsy  heart trouble  diabetes  frequently upset stomach  physical handicap  other \_\_\_\_\_

**Please list and explain any major illnesses the child experienced during the last year. Should this child's activities be restricted for any reason?**

(Turn over)

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**For your information, we hold each student accountable for these rules of conduct:**

**No possession or use of alcohol, drugs, or tobacco**

**No fighting**

**No weapons, fireworks, or explosives**

**No offensive language**

**No offensive or immodest clothing**

**Listen to and obey all adult leaders at all times**

**Participation with the group is expected**

**Respect others**

**Respect property**

**To follow Christ's example in every situation**

**Students who fail to comply with these expectations may be sent home at their parents' expense**

**I, the student, have read the rules of conduct, the medical information, and the personal information and agree to abide by the stated personal limitations and code of conduct.**

**Student signature \_\_\_\_\_**

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

**My child \_\_\_\_\_ has permission to attend all youth activities sponsored by First Presbyterian Church, Vero Beach, Florida. (Activities will be announced as the time comes)**

**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 child.**

**I, the undersigned have legal custody of the student named. I give my consent to him or her to attend events being organized by First Presbyterian Church, its youth program, its volunteers, and its employees. In the event of injury, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I also acknowledge that I will be ultimately responsible for the cost of medical care shall it not be covered completely by my insurance company. I acknowledge that ALL information provided is accurate and will provide any changes as they come. I also agree to bring my child home at my own expense from any activity should they become ill or deemed necessary based on issues of misbehavior.**

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

**Student \_\_\_\_\_**

**I give permission for any photos taken of my child at youth-related events to be used for promotional reasons**

YES

NO

**Please list all medications:**