

Parental Consent for Medical Treatment for Permission for Middle School Youth Mission and Montreat Trip to Clinton, SC and Knoxville July 16-23

Youth's Name:		Home Phone:
Address:		City/State/Zip:
Youth E-mail:		Parent E-mail:
Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date:
Parents/Guardians:		
Work Phone #:		Cell Phone #:
Medical Insurance Company:		Policy Number:
Member's Name:		
Allergies:		
Physical handicap or limitation:		
Medication (amount and time to be taken):		
Physician:		Phone #:
Dentist:		Phone #:

I give permission for my above-named youth to join the youth group of Faith Presbyterian Church of Tallahassee, Florida, on church-sponsored events and ride in the church van or an approved private vehicle while travelling to and from the Chatanooga Mission Trip and the Middle School Montreat Conference.

I hereby release Faith Presbyterian Church, its staff and adult representatives, from responsibility and liability for any injury or illness that my child may sustain during an event. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the law of the state where services are rendered, either at doctor's office or in any hospital. I expect to be contacted as soon as possible.

Faith Presbyterian Church will have photographers and videographers on campus to capture the FPC experience. Your child may be photographed or video recorded for publicity purposes. By signing below you hereby give the Photographer/Filmmaker and Faith Presbyterian Church your permission to license the images and to use the images in any media for any purpose which may include, among others, advertising, promotion, marketing and packaging for any product or service.

Parent/Guardian Signature

Date: _____

In case of emergency when parent/guardian is not available, please call the person below:

Name:	Phone #:
Address	City/State/Zip:

Name:	Phone #:
Address:	City/State/Zip:

**Parental Consent for Medical Treatment and Permission
for Permission for Mid School Mission and Montreat 2017**

Page 2

<p>SEATBELT SAFETY</p> <p>I hereby agree to wear my seatbelt at all times when riding the Faith van or an accompanying vehicle. If I am found riding without my seatbelt fastened, my parents will be contacted to pick me up immediately.</p> <hr/> <p>Youth Signature _____ Date _____</p> <p>I understand that my child is responsible for wearing his/her seatbelt at all times while in the Faith van or accompanying vehicle. If he/she is found not wearing a seatbelt, I understand that I will be contacted to pick him/her immediately.</p> <hr/> <p>Parent/Guardian Signature _____ Date _____</p>	<p>EXPECTATIONS</p> <p>Every parent/guardian should understand that the adult representatives of Faith are responsible for maintaining order and administering discipline during the duration of the event in which your youth is participating. Should a youth, in the view of the adult representatives, become a chronic disciplinary problem, the parent/guardian will be notified and the youth will be sent home at the parent/guardian's expense.</p> <hr/> <p>Parent/Guardian Signature _____ Date _____</p> <p>I have read the above paragraph and understand that I will listen, show respect, and follow the rules of Faith and the adult representatives.</p> <hr/> <p>Youth Signature _____ Date _____</p>
--	--