

St. Andrew's Presbyterian Church
Friday Night Fellowship Permission Slip
And Medical Release Form
2010-2011

Participant's Name

Street Address

City _____ Zip _____

Current Grade _____ Date of Birth _____

I hereby grant permission for my child to participate in the above activity of the Saint Andrew's Presbyterian Church Youth Group. I understand that my child participates in these activities at their own risk and that St. Andrew's Presbyterian Church and its adult supervisors are not liable for any injury personal or otherwise to my child or caused by my child.

I understand that youth are not permitted to leave the premises and return and that signing in and out is required.

I authorize the treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent.

I am responsible for any medical expenses.

Signed: _____ Date: _____

(parent or legal guardian)

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Any allergies or other pertinent information: _____
