

WEBSTER GROVES PRESBYTERIAN CHURCH YOUTH ACTIVITIES CONSENT FORM

Legal name of youth _____
Preferred name _____ Birth date _____
Name of parent(s) or guardian(s) _____
Address _____
Phone 1 _____ Phone 2 _____
Parent email address(es) _____
Other person and/or number to call in emergency _____

Medical Information

Is your youth presently being treated for an injury or sickness or taking any medication? Yes No

If yes, please explain. _____

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

Allergies Asthma Anxiety/Depression Diabetes Heart Murmur Kidney Disease Seizure Disorders

Please explain _____

Does your youth ever sleepwalk? Yes No Youth's blood type _____ (if known)

Does your youth have any physical limitation or illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes, please explain _____

Family Doctor _____ Doctor's Telephone _____
Insurance Co. _____ Policy No. _____

Consent and Certification

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Webster Groves Presbyterian Church, including overnight or weekend youth trips. Further, I certify that my youth is adequately prepared to participate in all recreational and sporting events.

Medical Treatment Authorization

I understand I will be notified in the case of a medical emergency. If I cannot be reached, I authorize contacting a physician to provide necessary medical services in case of injury or illness. I authorize adult chaperones to make emergency medical care decisions on behalf of my youth. I authorize these persons to act in my place to consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatment, hospital care, etc. I understand that Webster Groves Presbyterian Church will not be responsible for medical expenses incurred solely on the basis of this authorization.

Signature of Parent or Guardian

Date