

Second Presbyterian Church Release Form For Youth Events

Valid 1/01/21-12/31/21

We (I), _____, am not aware of any medical condition of my child, _____, which would render inappropriate for him/her to participate in activities with youth group. We (I) are the parent(s) or legal guardian(s) of this participant and hereby grant permission for him/her to receive medical treatment, including but not limited to emergency surgery or medical treatment, be taken to a hospital, and/or travel in an ambulance should the need arise and assume the responsibility of all medical bills, if any.

Child's Full Name: _____

Known Medical Conditions/Allergies: _____

Insurance Company and Policy Number: _____

Name of Policy Holder and Relationship: _____

Insurance Company Phone Number: _____

Parent/Guardian Full Name: _____

Second Parent/Guardian Full Name: _____

Parent(s) Address(es): _____

Parent(s) Home Phone: (1) _____ (2) _____

Parent(s) Cell Phone: (1) _____ (2) _____

Parent(s) Work Phone: (1) _____ (2) _____

Alternate Emergency Contact: _____

(Other than a Parent or Guardian)

Alternate Emergency Contact Phone: _____

(Other than a Parent or Guardian)

Photo Release: I hereby authorize my child's image or likeness to be reproduced or used for marketing, brochures, emails, Facebook, Twitter, and other social media sites, church and youth group websites, and for other uses as determined by church staff. Yes No

Parent/Guardian Signature: _____ Date: _____

Please include me in email updates on Youth events: YES NO

Please include me in text updates on Youth events: YES NO

(CONTINUED ON OTHER SIDE)

Parent/Guardian Email Address: _____

Second Parent/Guardian Email Address: _____

Youth Name: _____

Youth Cell: _____ Youth Email: _____

Birthdate: _____ Grade Spring 2021: _____

School: _____