
name of youth participant *date of birth* *school grade for 2018-2019 year*

youth participant email address *youth participant cell phone number*

I/we do hereby, for myself/ourselves, my/our heirs, successors, and assigns, release and hold harmless St. Giles Presbyterian Church ("St. Giles"), its successors and assigns, and any of its officers, members, representatives, or agents from any and all liability and/or actions or causes of action which might arise from any accident which might occur or injuries that take place when my child named above participates in youth ministry activities sponsored by St. Giles between **September 2018 and September 2019** or until a written withdrawal of such authorization is on file in the church office. Additionally, I grant authorization for my child to leave the church premises under the supervision of church staff and/or approved volunteers, and give permission for my/our child to ride in any vehicle driven by an approved volunteer while attending and participating in activities sponsored by St. Giles. Should it be necessary for my/our child to return home from a St. Giles sponsored trip due to medical reasons, disciplinary action, or otherwise, I/we understand that I/we shall assume all transportation costs and responsibility.

I/we further authorize St. Giles or any of its officers, members, representatives, or agents to seek emergency medical care and/or treatment for my/our child and to admit my/our child to any hospital or other medical facility, having made a reasonable effort to contact me/us prior to seeking treatment. If medical care and/or treatment is deemed necessary by a duly licensed healthcare provider, doctor, hospital, or clinic, I/we authorize St. Giles, its officers, members, representatives, or agents to consent to any such medical care and/or treatment.

parent/guardian (printed name) *parent/guardian (signature)* *date*

address (including city, state, and zip code) *email address*

phone (home) *phone (work)* *phone (cell)*

Photo Release: Please indicate below to grant or deny permission for St. Giles to use your child's photos in print (e.g., bulletin, brochure) and electronic (e.g., website, social media) formats. Please note that when photos are used digitally, St. Giles will not include names of children under age 18.

As the parent/guardian, I _____ permission for images of my child to be used in as listed above.
GRANT / DENY

health insurance company *policy/group ID#* *name of primary insured/policyholder*

insurance company address (including city, state, and zip code) *insurance company phone number*

name and dosage of routine medications *date of last tetanus shot*

please list any allergies, medical restrictions, or other information helpful in treating your child for a medical problem _____

name of primary care physician *name of medical practice* *medical practice phone*