

PRESBYTERIAN CHURCH OF CHATHAM TOWNSHIP
Youth Fellowship Permission Slip and Medical Release Form

Name of Youth _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Family Physician _____ Phone _____

Insurance Company _____

Policy Number _____

Date of Last Tetanus Shot (month/year) _____

Preferred Hospital: _____

Special Medical Conditions (e.g., allergies to medicine or food, chronic illnesses or other conditions):

Current medication (prescription and/or over-the-counter) _____

I hereby give permission for my child to participate in all regularly scheduled Youth Fellowship events, including on and off site meetings, special events, service projects and trips.

I hereby give permission for the Presbyterian Church of Chatham Township to procure all necessary medical help for my child while he/she is under direct supervision of the Presbyterian Church of Chatham Township, and grant permission to its representatives to authorize any competent medical person to do all things necessary to take care of any injury or sickness while said person is under the supervision of the Presbyterian Church of Chatham Township.

This form covers the 20__ - 20__ school year(s).

Parent/Guardian Signature _____ **Date** _____

Emergency phone number(s) _____

Alternate Emergency Contacts (*friends or relatives*)

Name _____

Phone _____ **Relationship** _____

Name _____

Phone _____ **Relationship** _____