

**PRESBYTERIAN CHURCH OF CHATHAM TOWNSHIP**  
**CONFIRMATION PERMISSION SLIP AND MEDICAL RELEASE FORM**

*Please fill out this entire form – it is all you need for the whole year!*

Name of Youth \_\_\_\_\_

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 scheduled events for the confirmation class, including on and off-site retreats, service projects, special trips and class meetings.*

*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.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Emergency Contacts**

Second Parent/Guardian Name \_\_\_\_\_

Phone \_\_\_\_\_

Friend or Relative Name \_\_\_\_\_

Phone \_\_\_\_\_ Relationship \_\_\_\_\_