



Middletown Presbyterian Church
273 South Old Middletown Road
Media, PA 19063

CHILDREN'S/YOUTH MINISTRY PARENTAL PERMISSION FORM

I, _____, parent/guardian of _____ hereby give approval for his/her participation in any and all activities with Middletown Presbyterian Church (MPC) Children's/Youth Ministry from September 1, 2015 through August 31, 2016. I assume all risks and hazards incidental to such participation, including transportation to and from the activities, and do hereby, waive, release, absolve, indemnify, and agree to hold harmless MPC, its volunteers, employees, sponsors, supervisors, participants and persons transporting the participant to and from activities, for any claim arising out of injury to the participant. I also understand that Middletown Presbyterian Church does not assume any responsibility for loss of, or damage to, personal property of the participant.

SIGN HERE: Parent/Guardian's Signature: _____ **Date:** _____

Parent/Guardian Home Phone _____ Work _____ Cell _____

Address _____

Emergency Contact 1 _____

Relation: _____

Phone: _____ Work _____ Cell _____

Emergency Contact 2 _____

Relation: _____

Phone: _____ Work _____ Cell _____

Who may pick your child up? _____

Medical Release

In the case of an emergency, I hereby give my permission to Middletown Presbyterian Church's sponsors of events to permit emergency or hospital personnel and/or a licensed physician or health practitioner to perform emergency treatments and administer drugs in conjunction with such emergency treatment. I understand that MPC sponsors of each event will determine whether emergency care is necessary, arranging for such services to be provided, and understand they will contact me as soon as possible.

SIGN HERE: Parent/Guardian's Signature: _____ **Date:** _____

Medical and Insurance Information

Allergies:

Foods _____

Drugs _____

Nature _____

Any foods that you do not want your child to eat? _____

Medical Diagnoses _____

Any drugs your child must take _____

Does your child have injuries/surgeries/visual problems/glasses/contacts/emotional issues/behavior issues? Please list _____

Does participant have asthma? __ Yes__ No If so, is an inhaler used? __Yes__ No Will it be with him/her? __ Yes __No

Are your child's vaccinations up to date? __Yes __No

Please tell us anything else about your child we should know to meet all his/her needs _____

I give my permission for an adult children ministry/ youth leader to give over-the-counter medications I have circled: Tylenol - Ibuprofen - Antihistamine - Decongestant – Other(list)_____

Family Physician: _____ Office Phone: _____

Name of Policy Holder: _____ Relation to Student: _____

Insurance Company: _____ Insurance Policy No: _____

Photo/Video Release:

Photographs and videos of church-related activities are routinely taken. Your child's photo may be used for broader publicity purposes, including brochures, slide shows, Web sites, etc. I authorize MPC and its Youth/Children's ministry to publish picture(s)/video of my child in regard to Youth/Children's ministry activities on the Middletown Presbyterian Church Website and/or promotional materials for outreach.

__Yes__ No

SIGN **HERE:** Parent/Guardian's Signature: _____ Date: _____