

**PARENTAL PERMISSION/RELEASE/CONSENT  
FORM FOR YOUTH GROUP ACTIVITIES AT FIRST  
PARISH CHURCH**

(Effective from 1 June 2012 through 31 May, 2013)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

\_\_\_\_\_

Primary Email: \_\_\_\_\_

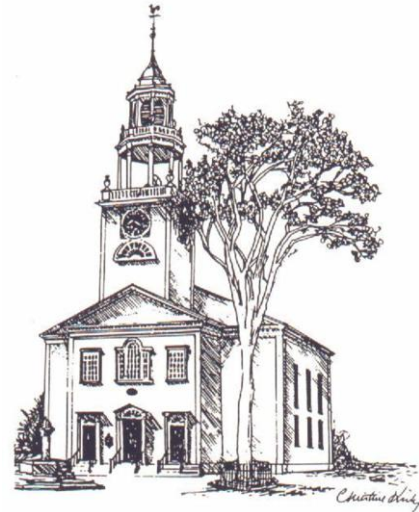
Primary Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact Person & Number (if different): \_\_\_\_\_

\_\_\_\_\_



**First Parish Church**  
Manchester-By-The-Sea, MA

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**PARENTAL PERMISSION**

I hereby give permission for this youth to participate in church activities of First Parish Church, Manchester-By-The-Sea, Massachusetts. This includes all sponsored activities on or off the Church property (including any and all activities involving travel and/or lodging) unless otherwise limited below. I understand that reasonable precautions will be exercised by the adults chaperoning each event and that adults will adhere to Safe Church policy at all times. This permission shall remain in effect until 31 Aug. 2012 unless terminated in writing.

I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in church activities. I understand that drivers for all events must be over age 21 and approved by First Parish Church staff.

*In addition, I understand that my child may be photographed or recorded on video during the course of youth ministry events. By initialing below I provide consent for their image to be used in either print, electronic, or video form for the promotional purpose of future retreats and youth group activities.*

*Initials of Parent/Guardian:* \_\_\_\_\_

\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date

### **MEDICAL RELEASE**

Name of youth \_\_\_\_\_ DOB: \_\_\_\_\_

Youth's physician \_\_\_\_\_ Phone \_\_\_\_\_

☐ Allergies \_\_\_\_\_

If any of the above is checked, please give important details \_\_\_\_\_

Is your son/daughter taking a prescription or non-prescription medication? ☐ yes ☐ no

If yes, please list current medications, dosage and frequency of dosage:

Can your son/daughter self-administer his/her medication? ☐ yes ☐ no

If the answer is no, arrangements must be made with the adult in charge.

I give my child permission to administer his/her own medications \_\_\_\_\_  
Signature of parent/guardian

Youth's insurance carrier and policy number \_\_\_\_\_

Name of primary insured \_\_\_\_\_

### **STATEMENT OF CONSENT**

I, the undersigned, parent/legal guardian of \_\_\_\_\_ do  
hereby consent to any x-ray exam, anesthetic, medical diagnosis or treatment and hospital services that  
may be rendered to said minor, under the general or specific instructions of

\_\_\_\_\_ (name of youth's physician)  
or, if unavailable, two on-call physicians at a hospital or clinic. It is understood that this consent is given  
in advance of any specific diagnosis or treatment and is given to encourage those persons who have  
temporary custody of my child, in my absence, and said physician to exercise their best judgment as to  
the requirements of such diagnosis or said medical treatment.

This consent will remain effective until the **31th** day of **May, 2013**. I understand that any and all  
medical expenses incurred are my responsibility and that there is not medical insurance coverage  
provided by First Parish Church, Congregational.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date