

MEDICAL CONSENT FORM for May 1, 2018 - October 1, 2019

Name _____ Age _____ Birthdate _____
 Address _____ Youth Cell _____
 City _____ State _____ Zip Code _____
 School _____ Grade _____
 Parent/Guardian name _____ Family doctor _____
 Cell phone _____ Phone _____
 Parent/Guardian name _____
 Cell Phone _____

The undersigned does hereby give permission for our (my) child _____, to attend and participate in **all youth fellowship events** sponsored by The Presbyterian Church, Basking Ridge, NJ.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with medical and dental services rendered to above named individual pursuant to this authorization.

Should it be necessary for our/my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The Presbyterian Church, Basking Ridge, NJ.

The undersigned does also release The Presbyterian Church, Basking Ridge, NJ, its employees and volunteers from any responsibility and liability for injury, damages or loss occurring during the aforementioned activity to our/my child who, with the undersigned, assumes all risks in the use and enjoyment of said activity.

Insurance company _____ Policy number _____

Parent or legal guardian name *(please print)* _____ Signature of Parent or legal guardian _____ Date _____

Emergency phone number(s) _____

Please list any allergies (to medication or food) or medical concerns your child may have:

Please list any other pertinent information: _____

List any and all medication youth is presently taking (this information is kept confidential):

Name of medication	Dosage	Reason for medication	Can your child self-medicate?

Date of last tetanus shot _____ Blood type (if known) _____

Is the youth currently being treated for any medical problems? ___Yes ___No

If so, please provide the following: Medical condition being treated _____

Doctor's name & telephone number (if different from above) _____

Do we have your permission to post your child's photo on our website/social media? ___Yes ___No
 (Names will not be included in any postings – just the photo.)