

# YOUTH MEDICAL CONSENT FORM for Sept. 1, 2019 - October 1, 2020

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Youth Cell \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian name \_\_\_\_\_ Cell phone \_\_\_\_\_  
 Parent/Guardian name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Family doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Last tetanus shot \_\_\_\_\_ Blood type (if known) \_\_\_\_\_

The undersigned does hereby give permission for our (my) child \_\_\_\_\_, to attend & 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 afore-mentioned activity to our/my child who, with the undersigned, assumes all risks in the use & enjoyment of said activity.

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

Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_  
 \_\_\_\_\_ YES, I have attached a copy of current medical card to this form (This is REQUIRED, if youth is insured.)

Please list any ALLERGIES (to medication or food) and any MEDICAL or EMOTIONAL 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): (*You may continue on back*)

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

Is the youth currently being treated for any medical/emotional problems? \_\_\_ Yes \_\_\_ No

If so, please provide the following: condition being treated \_\_\_\_\_

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

Do we have permission to post your child's photo and/or 1<sup>st</sup> name on our website/social media? \_\_\_ Yes \_\_\_ No  
 (NOTE: Last names will NOT be included in any postings.)