

CORE youth ministry

(permission form)

Silver Spring Presbyterian Church/CORE Youth Ministry Consent/Release Form

(student information)

name :: _____ phone :: (____) _____
street :: _____ city & zip :: _____
age (as of event) :: _____

I GIVE PERMISSION FOR MY CHILD, LIST ABOVE, TO ATTEND THE CORE EVENT TO:

_____, on _____
(name of event) (date of event)

I hereby release CORE youth ministry, its staff and volunteers, from responsibility and liability for any injury or illness that my child may sustain during this event. I further understand, that we and/or our insurance carrier assume full responsibility for all payments and costs of said emergency treatments. In the even of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

signature of parent or legal guardian date

(emergency information)

emergency contact :: _____ relationship :: _____
emergency phone :: (____) _____

allergies :: _____
medications being taken :: _____
physical handicaps or limitations :: _____
name of insurance provider :: _____

BE SURE TO INCLUDE ANY NECESSARY DEPOSIT REQUIRED FOR EACH EVENT
CHECK ONLINE FOR REGISTRATION DEADLINES