

2014-15 Participant Permission, Medical Authorization, and Release Form

New Providence Presbyterian Church

703 West Broadway Ave.

Maryville, TN 37801

(865) 983-0182

Youth Information		
Last Name	First Name	Preferred Name (if different)
Address		
City, State, Zip Code	Home Phone	On Facebook <input type="checkbox"/> Youth <input type="checkbox"/> Parent(s)/Gaurdian(s)
Youth Cell Phone <input type="checkbox"/> Text Messages	Youth Email	
Date of Birth	Grade (2014-15 School Year)	
Name of Parent(s)/Guardian(s)		
Parent/Guardian Cell Phone <input type="checkbox"/> Text Messages	Parent/Guardian Email	

Medical Information		
Youth's Name (As Listed for Insurance)	Primary Physician	
Name & Address of Insurance Co.		
Policy Number	Group Number	Agreement Number
Name Insurance is Registered to	HMO Authorization Phone #	
List any allergies, medications, pre existing conditions, and/or medical conditions that would effect involvement in activities		
Name of person to notify in case of emergency		
Cell Phone _____ Home Phone _____ Work Phone _____		

Youth's Last Name	Youth's First Name
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Medical Consent

Every effort will be made to consult with the emergency contact listed on this form before referral to local hospitals or physicians. To prevent delay of care in an emergency:

I, _____ (parent/guardian) give consent to the staff and volunteer adults of New Providence Presbyterian Church, Maryville, TN to obtain medical attention at a nearby facility for:

Name of Participant _____

Signature of Parent/Guardian _____

Date _____

Permission and Release

I, _____, parent or legal guardian of _____, give my child permission to attend events, activities, and outings sponsored by New Providence Presbyterian Church which occur between August 1, 2014 and July 31, 2015. I acknowledge that these events could involve traveling off of the New Providence Presbyterian Church property. I therefore give permission for my child to be transported in church-owned vans or personal vehicles of adult advisors or parents, all which will be driven by New Providence Presbyterian staff, volunteers, or parents. I acknowledge also that photographs may be taken of my child and used in church publications.

I further release the New Providence Presbyterian Church, its staff and volunteer leaders, from responsibility and liability for any injury or illness that my child may sustain during the above noted activity or transportation involved in the events, activities, or outings sponsored by or attended with New Providence Presbyterian Church staff or leaders.

Signature of Parent/Guardian _____

Date: _____

<p>Notary: _____</p> <p>Date: _____ Commission Expires: _____</p>
