FIRST PRESBYTERIAN CHURCH, FORT DODGE-----YOUTH PERMISSION AND MEDICAL RELEASE FORM September 2022 – August 2023 Accurate and complete information enables us to authorize medical care in the case of an emergency. Please write clearly.

Name	Birth Date	Grad	e in 2022-2023	School	
Address	City		State	e Zip	
Home Phone #/	☐ Male ☐ Female Pa	arent/Guardian(s)			
Home Email	Youth's Cell #				
Parent/Guardian Email:	Phone# Worl	k/	Cell/		
Parent/Guardian Email:	Phone# Worl	k/	Cell/		
Primary emergency contact person		_ Phone # Home _	/	_ Work/Cell	/
Alternate contact person	P	Phone # Home	_/	_Work/Cell/	
T-Shirt size Family physician _			Phor	ne #/	
Medical Insurance		Polic	ey#		
		Grou	ıp #		
MEDICAL HISTORY					
Medications:	Dosage	Times _		Last tetanus shot	
Over the counter medications with the	exception of		may be given a	as needed. Y	es No
Allergies: Insect bites, Drugs,	Food, Other	Does	your student w	ear 🔲 Glasses [Contacts?
Should this student's swimming or acti	vities be restricted for any re-	ason? Yes	No If YES, ple	ase explain:	
-MEDICAL RELEASE: In the event give permission to the physician or den or surgical diagnosis and treatment, and -LIABILITY RELEASE: Signing of tinherent in church-related programs, ou Volunteer Assistants, and all other per injuries to the person or property of the signing for the minor(s) listed on this formation of the permission to attend all Cook-outs, over-nighters, boating, sport concerts, Bible studies, miniature golf, sin any event, please inform FPC in write-RULES OF BEHAVIOR EXPECTION the group is expected. 3) Respect of FAILURE TO COMPLY WITH THESEXPENSE. Specifically, this means y	tist selected by the church lesesthesia, and hospitalization of this form constitutes agreeme tings, and social activities and social activities and social activities and so or entities, including of a undersigned and/or the above orm and the signature is for bell church sponsored youth/or activities, games in parks, service projects, retreats, missing in advance of that event. ED FROM EACH STUDEN thers, staff, volunteer leader SE EXPECTATIONS COUL	adership to secure for my son or daug nt by the parent/go d to release First Prother participants, evelisted minor. Sooth a medical and children's activities water parks, amussion trips etc. NOT NT: 1) No alcohors, and property. D RESULT IN Y	proper interverghter as deemed ardian to assure resbyterian Chufrom any and a The parents or gliability releases, including, between the parent parks, care: If you desired, drugs, tobaccal, drugs, tobaccal, Respect at OUR CHILD F	ntion, X-ray example to the comply with open and accept all range and accept all range and accept all range and accept all liability for darguardians understate. The complete accept all range accept and accept and accept accept and accept	ination, medical isks and hazards and Agents, Board, Agents, mages, losses or and that they are ne following list: epelling, hiking, d's participation with event schedules.
l give First Presbyterian Church per newsletters, e-news, bulletins, socia materials.					Initia
Please do not hesitate to contact Fir	st Presbyterian Church wi	th any questions	or concerns.		
Students are not directly supervised	while at amusement park	s, shopping mall	s, water parks	s, etc.	
This form is a legal document that a year period. Please read this form ca					

Parent/Guardian Signature _____ Date ____