

Youth Ministry Medical and Liability Release Form 2021 -2022

*White Memorial Presbyterian Church
1704 Oberlin Road, Raleigh, North Carolina 27608*

Name of Youth - 1	School Youth Attends	Grade	Date of Birth	WMPC Affiliation	If guest, please provide name of whom.
Name of Youth - 2	School Youth Attends	Grade	Date of Birth	WMPC Affiliation	If guest, please provide name of whom.
Name of Youth - 3	School Youth Attends	Grade	Date of Birth	WMPC Affiliation	If guest, please provide name of whom.
Name of Youth - 4	School Youth Attends	Grade	Date of Birth	WMPC Affiliation	If guest, please provide name of whom.

This form (1) gives your permission for your child(ren) to ride in church transportation and (2) gives group leaders authorization to secure medical aid for your child(ren) should it be necessary during the event.

I, consent for my child(ren) to be transported to and from White Memorial Presbyterian Church in church vans or other transportation for various youth activities.

I hereby authorize any hospital, clinic, physician; doctor, nurse, or technician to furnish my child(ren), named above, any medical care and treatment necessary as a result of injuries sustained or other emergency medical care treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize representatives of White Memorial Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such person responsible for any damages arising from the giving of such consent.

By signing below, I am also affirming that I have read the *WMPC Photo Release* and agree to all that is listed therein.

Parent Name (signed)	Parent Name (printed)	Date
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By providing the following, the youth staff and volunteer leaders assume you are giving permission for your child to be contacted in these manners:

Youth - 1 Email Address	Youth Cell Phone Number	Ok to Text?
Youth - 2 Email Address	Youth Cell Phone Number	Ok to Text?
Youth - 3 Email Address	Youth Cell Phone Number	Ok to Text?
Youth - 4 Email Address	Youth Cell Phone Number	Ok to Text?

Parent(s)/Guardian(s)

Address

City	State	Zip Code
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Adult #1 Cell Phone	Adult #2 Cell Phone
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Adult #1 Email Address	Adult #2 Email Address
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Preferred Contact Telephone Number:

Youth Names: 1) _____ 2) _____ 3) _____ 4) _____		
Custodial Information		
Youth - 1 Resides with:	If Other: Please indicate.	
Youth - 2 Resides with:	If Other: Please indicate.	
Youth - 3 Resides with:	If Other: Please indicate.	
Youth - 4 Resides with:	If Other: Please indicate.	
Information for non-custodial parent or guardian		
Name		Phone
Address		
City	State	Zip Code
Medical Insurance		
Is your youth covered by medical / hospitalization insurance? _____ (If yes, the following information is required)		
Insurance Company Name		Insurance Company Phone
Insurance Company Address		
Group and Policy Number		
Policy Holder's Name		
Diet Restrictions and Pertinent Medical Information		
(Please provide information for each youth regarding food concerns, allergies, recent accidents or surgeries or any other medical issues.)		
Youth -1 Name _____		
Youth -2 Name _____		
Youth -3 Name _____		
Youth -4 Name _____		
Emergency Contact (Other than parent)		
Name	Relationship	Phone
Name	Relationship	Phone