

Date _____

First Presbyterian Church of Goldsboro

Youth Ministry

1101 E. Ash Street Goldsboro, NC 27530

Youth/Parent Contact Info, Medical Info, & Parental Release Forms

Student's Name _____ Date of Birth _____ Grade _____

Student's Name _____ Date of Birth _____ Grade _____

Student's Name _____ Date of Birth _____ Grade _____

Address: _____

City _____ State _____ Zip _____

EMERGENCY CONTACT:

Name _____

Relationship _____

Home Phone _____ Cell _____ Email _____

ALTERNATE CONTACT/PICK-UP (include one or several):

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Parents: Please provide the name(s) of person your child **MAY NOT** be released to (if applicable)

Date _____

Medical Information:

Name of Insurance Company _____ Policy Number _____
Group Number _____ Policy Holder _____

Pre-existing or present medical conditions:

Allergies and medications:

Parental Release:

_____, has my permission to participate in FPC Youth Ministry activities. In the case of injury or illness, I authorize First Presbyterian Church and Dalton Bolles, Youth Ministry Director, to render emergency first aid and/or seek all necessary medical attention for my son/daughter. In such cases, I understand that I will be notified as soon as possible. I agree to hold harmless and blameless the leadership of FPC (including adult chaperones of FPC and any adults participating in or providing assistance to the activity) in the event of any injury or illness resulting from participation in this activity. I have noted any medical or special considerations above.

(Printed Name of Parent or Guardian)

(Signature of Parent or Guardian)

(Date)

Photo/Video Permission:

I give permission for my child to be photographed and/or videotaped during the Youth Ministry activities. I understand these pictures will be for church purposes, including newsletters and web updates, and that I will not be compensated in any way.

Parent's signature: _____