

First Presbyterian Church
9 West Calhoun Street
Sumter, South Carolina 29150

**General Information,
Permission & Medical Form**

Please Print

Name of Youth _____ Grade _____ Date of Birth _____

T-Shirt Size _____

Names of Parents or Legal Guardians _____

Address _____

Home Phone _____ Cell/Work Phone _____ Cell /WorkPhone _____

Email Parent _____ Email Youth _____

Alternate Adult for emergency contact: _____ Cell/Work Phone: _____

Insurance Company & Phone Number _____

Name of Policy Holder _____ Policy Number _____

Current Medications _____

Past Surgeries (please give dates) _____

Allergies _____

I, _____, give my permission for _____ to participate in all
(Parent or Legal Guardian) (Name of Youth)

First Presbyterian Church Youth Ministry activities, both on and off Church grounds. I also give my permission that the above named youth can ride on the church bus, in the church suburban, or in a leader's/ adult chaperone's private car, or rental vehicle driven by adult leader for session approved church activities, events, and trips. In the event of a medical emergency and if I cannot be reached, I also authorize a representative of First Presbyterian Church to retain or acquire medical care and treatment on the behalf of the above named youth.

I authorize any hospital, clinic, physician, doctor, nurse, or technician to furnish the above named youth any medical care and treatment necessary.

Signature of Parent or Legal Guardian

Date