

Immanuel Presbyterian Church
1125 Savile Lane McLean, VA 22101
(703) 356-3042

Parental Consent Form for Participation in Church Activities
Effective from June 1, 2009 through September 30, 2010

Name _____ Nickname _____

Parents' Names _____

Parent's E-mail _____ Youth's E-mail _____

Birth Date _____ Sex: ___M___F Grade (2009-2010) _____

Mailing Address _____

Home Phone # _____ Parent Work # _____ Parent cell # _____

Other Emergency Contact & Phone # _____

Insurance Company _____ Policy Number _____

Insurance Phone _____ Group Number _____

Primary Physician _____ Phone # _____

Health Concerns (allergies, etc.) _____

My child may be given (check all that apply) Aspirin Benadryl Ibuprofen Neosporin Tylenol None

Current Weight _____ Current Height _____ Prescribed medication being taken (what, why, when, and dosage):

Yes No The church has my permission to include photos of my daughter/son participating in church activities in publications and internet/Web resources associated with the church and also to send such photos to local newspapers for publication. (Names are never published without further explicit consent.)

I hereby give permission for this youth to participate in church activities of Immanuel Presbyterian Church, McLean, VA. This includes all sponsored activities on or off the Church property (including any and all activities involving travel and/or lodging) unless otherwise limited above. I understand that neither the adults chaperoning such trips nor Immanuel Presbyterian Church will be responsible for theft or damage to personal property, nor for bodily injury. Unless otherwise noted above, I certify that my child is of normal health and is physically able to participate in such activities. Any allergies, medications or special needs have been noted on this form.

I hereby give permission for this youth to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in this program year. I understand that drivers for all events must be over age 21, insured, and approved by Immanuel's staff.

In the event of an emergency, if the parent or guardian cannot be reached, I authorize the adult leader(s), in whose care the minor has been entrusted, to consent to any necessary medical or surgical treatment to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital. I will be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the above named youth pursuant to this authorization.

Signature of Parent/Legal Guardian Date