

Today's Date: _____

**CPC Youth Permission/Medical Form
Christ Presbyterian Church**

Youth Name _____ Age _____ Birthdate _____

Address _____ Phone _____ Cell _____

City _____ State _____ Zip _____ Grade _____

School _____ School District _____

Parent(s) or Guardian(s) _____

Parent's phone, other than home (work, cell) _____

To Whom It May Concern:

The undersigned does hereby give permission for my/our child _____, a minor, to attend and participate in the activities sponsored by the youth ministry at Christ Presbyterian Church.

We (I) authorize an adult (if neither we nor the named alternate can be reached), in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special 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, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any adult-driven vehicles designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Christ Presbyterian Church.

Hospital Insurance Yes ___ No ___ Child's Name _____

Insurance Company _____ Policy No. _____

Emergency Contacts Name _____ Name _____

Relation _____ Relation _____

Phone _____ Phone _____

Parent(s)/Guardian(s) SIGNATURE _____ Date _____

****ON THE REVERSE SIDE, PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL PROBLEMS, OR MEDICATIONS FOR CHILD. IF POSSIBLE, ATTACH A COPY OF YOUR INSURANCE CARD.**

*****IF THERE ARE CHANGES IN YOUR CHILD'S INFORMATION (I.E. INSURANCE COVERAGE, CONTACT INFO), PLEASE UPDATE AND TURN IN A NEW FORM.**