

PRESBYTERY OF DETROIT PARENTAL CONSENT ACTIVITY FORM

Youth and Parents please read and sign this form.

One form will be needed for each youth for each Presbytery-sponsored off-site or on-site activity.

(Please Print)

Activity Name: _____

Activity date _____

Youth's Name _____ Youth's age _____

Address _____

City _____ Zip _____

Phone Number: _____

Are there any changes from the Presbytery-held Medical Release form? Please explain:

ACTIVITY RULES

- I will remember that I am a witness to others for Christ and I will pay attention to how my words and actions affect my witness.
- I promise to respect myself, my peers, leaders and those we come into contact with.
- I promise not to bring or use any weapons, alcohol or drugs. I know I will be sent home immediately if I do.
- If I will be taking any prescription medications, I will let the leader know and won't share them.
- I will not go into the room of a member of the opposite sex. If I am allowed to (the leaders allow it) then I will leave the door open and the lights on at all times.
- I will listen to personal CD players only during the travel time and at night.
- I agree to follow any further rules given by the leaders.

I _____ (youth) agree to the above rules and will follow them.

I know if I break any of these rules I may be sent home at the expense of my parents and face further disciplinary action.

Signature of Youth _____ Date _____

Signature of Parent/Guardian _____ Date _____

PRESBYTERY OF DETROIT

MEDICAL INFORMATION AND TREATMENT AUTHORIZATION

The following information will assist the Presbytery in providing for the safety and well being of minors (ages 14-18) who participate in Presbytery-sponsored activities. The information will be held in confidence in the Presbytery office or by the activity leader(s) during an event.

(Please Print)

Child's Name _____ Date Birth _____

Address _____ City _____ Zip _____

Father's Name _____ Mother's Name _____

Father's Home Phone _____ Work Phone: _____

Mother's Home Phone _____ Work Phone _____

Emergency Contact Name _____ Phone _____

Relationship to Child _____

Physician's Name _____ Phone _____

Health Insurance Company _____

Health Insurance Policy Numbers _____

MEDICAL INFORMATION

Is your child presently being treated for any injury or illness, or taking any medication for any reason? Yes No

If yes, give details _____

Is your child allergic to any medication? Yes No Does your child have any other allergies? Yes No

If yes, give details _____

Does your child currently have, or has ever had:

Seizures Asthma Heart Murmur Sleep Disorder

Diabetes Hay Fever Kidney Disease Other

Please explain: _____

Does your child have any physical condition, illness or handicap that would prevent him/her from participating in any activity? Yes No If yes, please explain _____

MEDICAL TREATMENT AUTHORIZATION

I understand I will be contacted in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize such physician, hospital and/or emergency medical services as necessary in the event my child is injured or becomes ill. I understand that Presbytery of Detroit will not be responsible for any medical expenses incurred, but that all such expenses will be my responsibility as parent/guardian.

I also agree to notify the Presbytery in the event of any health changes that would restrict my child's participation in any Presbytery-sponsored children's or youth activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent/Guardian

Date