



First Presbyterian Church
621 College Avenue • Wooster, Ohio 44691
(330) 264-9420 • www.firstpreswooster.org

YOUTH ACTIVITIES PERMISSION FORM

I hereby give consent for my Child/Children _____
(Name)

to participate in youth group and church related activities both at the church and away from the church for the
Program Year _____.

I also give the Group Leader **consent/refusal** (circle one) to transport my child to the nearest emergency facility
or treatment center for medical or dental care.

Family Medical Doctor and Phone # _____

Medical Insurance Carrier _____

Insurance Policy # _____

Allergies _____

If applicable, a separate list of all medications being sent with the youth and a list of dosage and how often they must
be taken will be given to the Group Leader for each event. All medications must be in their original containers.

Please list any other medical information that the group leader should be aware of _____

Contact in Case of an Emergency

1. Name _____ Phone # _____

2. Name _____ Phone # _____

3. Secondary Contact (relative, friend, doctor, etc.) _____

Phone # _____

**First Presbyterian Church will make every effort to ensure the safety and well-being of your
child/children, but, in the case of unforeseen circumstances, I/we release and hold harmless First
Presbyterian Church and its agents from any and all liability, claims or demands.**

Signature _____ Date _____