

Suffern Presbyterian Church Child Protection Policy
Parental Consent & Medical Release Form
Youth Group 2006-2007

I hereby consent to let my child/ward _____
Child's name

participate in Suffern Presbyterian Church Youth Group activities that are in the New York Metro Region from September 2006 through October 2007.

It is understood that every precaution will be taken for the safety and well-being of my child/ward, but in the event of accident or sickness, Suffern Presbyterian Church, its staff and its volunteers are hereby released from any liability.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give a representative of Suffern Presbyterian Church permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using measures deemed necessary. I absolve Suffern Presbyterian Church from liability in acting on my behalf in this regard.

Signature: _____ Date: _____

Printed name: _____

** **

Child's name: _____ D.O.B.: _____

School District _____ Grade _____

Parents'/Guardians' names: _____

Address: _____ Phone: (____) _____

_____ Cell Phone (____) _____

Insurance company: _____ Policy #: _____

Emergency contacts: To be called when parents are not available

Name _____

Phone (____) _____ Relationship _____

Name _____

Phone (____) _____ Relationship _____

(Over)

1. Is your child allergic to:

_____ bee sting _____ pollens _____ other drugs _____
_____ hay, straw _____ penicillin _____ other _____

2. Does your child have any life-threatening allergies? _____ Yes _____ No If yes, to what?

3. Is your child bringing any medication with him/her? _____ Yes _____ No

If yes, please list and state dosage: _____

PLEASE NOTE: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? _____ Yes _____ No If yes, please explain:

5. Has your child ever had:

_____ seizures _____ asthma _____ diabetes
_____ homesickness _____ heart disease _____ other _____

6. Date of last tetanus shot : _____

Signature of parent/guardian _____ Date _____

Eff. 9/15/05