FIRST PRESBYTERIAN CHURCH COVINGTON, GA

PARENT/GUARDIAN PERMISSION & MEDICAL CONSENT FORM 2025-2026

YOUTH/CHILD INFORMATION

Child's Name:_____
LAST *FIRST* *MIDDLE*

Date of Birth: _____ School: _____ Grade: _____

YOUTH/CHILD INFORMATION

Child's Name:_____
LAST *FIRST* *MIDDLE*

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YOUTH/CHILD INFORMATION

Child's Name:_____
LAST *FIRST* *MIDDLE*

Date of Birth: _____ School: _____ Grade: _____

GUARDIAN 1

Names: _____

Address: _____

City: _____ Zip Code: _____ Cell: _____

Email: _____

GUARDIAN 2

Names: _____

Address: _____

City: _____ Zip Code: _____ Cell: _____

Email: _____

Other Emergency Contact: _____ Number: _____

MEDICAL INFORMATION AND HISTORY

Y/N Allergies – Please specify: _____

Y/N Medications (In original container with dosing directions)- If yes, what medications:
_____

No Treat Currently under medical treatment? If yes, please explain:_____

_____

Name of Insurance Company: _____ Policy Number: _____

_____

NAME OF YOUTH/CHILD PARTICIPANT(S)

PARENT/GUARDIAN PERMISSION & MEDICAL CONSENT FORM

PARTICIPATION *initial* ____
I, the undersigned do hereby give permission for my above named child to attend and participate in activities sponsored by First Presbyterian Church Covington from now until one year from the signed date. I understand that youth activities, such as sports, field trips and other activities, carry with them a certain degree of risk, and will not hold First Presbyterian Church, it's staff or volunteers liable.

MEDICAL EMERGENCY *initial* ____
In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I authorize an adult, 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 of any physician or dentist licensed under the supervision of any physician, dentist, paramedic, or other care provider at the hospital or office of such person(s) or at any other location where such services may be rendered.

FINANCIAL RESPONSIBILITY *initial* ____
The undersigned shall be liable and agrees 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 my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

TRANSPORTATION WAIVER *initial* ____
The undersigned does also hereby give permission for his/her child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Presbyterian Church Covington.

PHOTO WAIVER *YES* ____ *NO* ____
The undersigned hereby gives permission for photos of his/her child taken while participating in First Presbyterian Church Covington activities, to be used by First Presbyterian Church in advertising/promotional aspects, either in print and/or on its website.

Signature of Parent/Guardian:_____

Print Name of Parent/Guardian: _____

Date: _____ Relationship to Minor(s): _____

This form is valid for one year from the signed date.