

Medical Release & Permission Form

For your information, we expect each student to conform to these rules of conduct

- Nothing you can sniff, snort, spit, smoke, or slurp
- No guys in girls' rooms or girls in guys' rooms
- Lights out at designated times
- No students can drive other students
- You must stay in a group of three at all times—no one is allowed to be on his/her own.
- No weapons of any shape, form, or fashion
- No unnecessary physical contact (PDA) from body slamming to huggie-touchie-smoochie
- Be present and on time for everything
- No offensive or immodest clothing
- No changing rooms without Student Pastor's approval
- No CD players, stereos, walk-mans, game boys, etc.
- Respect all other persons (including coaches) and property

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church student pastor prior to that event.*

_____ has my permission to attend all children/youth activities
NAME OF STUDENT
sponsored by **First Presbyterian Church** (hereinafter the "Church") from **June 1, 2010 to May 31, 2011.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

NOTARY – STATE OF FLORIDA – COUNTY OF PUTNAM

The foregoing release was acknowledged before me this _____ day of _____, who is personally known to me or has produced _____ as identification.

Seal: