

Fourth Presbyterian Church Youth Ministry

2016–2017 Parental Consent for Medical Treatment and Permission



Youth's name _____

Birth date (mm/dd/yyyy) _____ Grade _____ School _____

Parent / Guardian Name _____

Cell _____ Email _____

Address _____

Parent / Guardian Name _____

Cell _____ Email _____

Address _____

Fourth Church staff periodically photographs youth activities to highlight for the youth and the congregation the vibrant life of Fourth Church Youth Ministry. If you do not want your child to be included in photographs, please note that here:

Medical Information

Allergies or physical limitations: _____

Medical insurance company _____

Policy number _____ Insured member's name _____

Liability Release and Consent for Treatment

I hereby release Fourth Presbyterian Church, its staff, and adult representatives from responsibility and liability for any injury or illness that my child may sustain during an event. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Parent or guardian signature _____ Date _____

Please return this form by email (to rsupinger@fourthchurch.org),
by dropping it off at the church,
or by mailing it to

Fourth Presbyterian Church
Attn: Rocky Supinger
126 E. Chestnut St.
Chicago, IL 60611.2014

The Fourth Presbyterian Church of Chicago

126 E. Chestnut St., Chicago IL 60611.2014 • phone 312.787.4570 • www.fourthchurch.org • facebook.com/fourthchurch