

# Fourth Presbyterian Church Youth Ministry

## 2019–2020 Parental Consent for Medical Treatment



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](mailto: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](http://www.fourthchurch.org) • [facebook.com/fourthchurch](https://facebook.com/fourthchurch)