

Attachment E: Parental Authorization Form

STATE OF NORTH CAROLINA
COUNTY OF PITT

PEACE PRESBYTERIAN CHURCH
Permission/Release for Youth Activities

I / We do hereby, for myself / ourselves, my / our heirs, successors, and assigns, release and hold harmless Peace Presbyterian Church, its successors and assigns, and any of its officers, members, representatives, or agents from any and all liability and/or actions or causes of action which might arise from any accident which might occur or injuries that take place when my child or children go on a trip to

_____ under sponsorship of the Peace Presbyterian Church. I / We further authorize the Peace Presbyterian Church or any of its officers, members, representatives, or agents to seek emergency medical care and/or treatment for my/our child or children and to admit my/our child or children to any hospital or other medical facility. If medical care and/or treatment are deemed necessary by a duly licensed health care provider, doctor, hospital, or clinic, I/we further authorize Peace Presbyterian Church, its officers, members, representatives, or agents to consent to any such medical care and/or treatment.

NAME _____

NAME _____

SIGNED: _____ PHONE: (Home) _____
(Parent or legal guardian) (Work) _____

ADDRESS: _____ CITY/STATE/ZIP _____

SIGNED: _____ PHONE: (Home) _____
(Parent or legal guardian) (Work) _____

HOSPITAL/MEDICAL INSURANCE CO. _____

POLICY # _____ NAME POLICY IS WRITTEN UNDER:

ADDRESS OF INSURANCE CO. _____

CO. PHONE # _____

DATE OF LAST TETANUS SHOT: _____ ANY RESTRICTIONS:

ALLERGIES TO DRUGS / STINGS / FOOD / OTHER?

IS STUDENT TAKING ROUTINE MEDICATION? YES _____ NO _____

NAME OF DRUG & DOSAGE _____

OTHER INFORMATION HELPFUL IN TREATING STUDENT FOR A MEDICAL PROBLEM:

PHYSICIAN'S NAME: _____ PHONE #: _____

NAME OF PHYSICIAN'S GROUP:

FOR YOUTH:

I understand that while on any trip with a youth group from Peace Presbyterian Church, no drugs or alcohol of any kind are permitted and I agree to abide by this rule.

PRINT NAME _____

SIGNATURE OF YOUTH: _____ DATE: _____

This form should be kept on file by the Church Administrator for 12 months from the date of the event.