

Any medically prescribed meal plan or dietary restrictions? Yes No If yes, please explain: _____

The leadership of Presbyterian Church of the Covenant has my permission to administer the following non-prescription drugs to my child: (please check all that apply) Children's Tylenol Children's Advil Tylenol Advil Tums/Pepto Children's Cough/cold medicine Cough/cold medicine Children's allergy medicine Allergy medicine Other _____

Emergency Authorization for Treatment: I hereby give my permission to the leadership of Presbyterian Church of the Covenant to order X-rays, routine tests and treatment; to release any records necessary for treatment or insurance purposes; and to arrange necessary related transportation for my child in the event of an emergency. I hereby give my permission to the physician/medical facility selected by the leadership of Presbyterian Church of the Covenant to hospitalize, secure necessary and proper treatment for, and to order injection and/or anesthesia and/or surgery for my child. I realize that every effort will be made by the leadership of Presbyterian Church of the Covenant to contact me in the event of an emergency.

Parent/guardian signature

Date

Parent/guardian Social Security # _____ - _____ - _____

This form is not complete unless the Authorization and Release page has been signed and both signatures have been notarized

Authorization, Waiver and Release

Youth Name _____

Year in School _____

I hereby consent for my son or daughter to participate in all youth activities of Presbyterian Church of the Covenant ("Church") and waive and release "Church" from any and all claims, costs, liabilities, expenses, decrees of judgements, including attorney's fees and court costs arising out of my youth's participation in any youth activity sponsored by "Church", or any accident, illness, or injury resulting therefrom, or in travel to or from such participation and hereby agree to indemnify and hold harmless "Church" from and against any and all such claims.

As used in this authorization and release the term "Church" shall be understood to include, not by way of limitation, all paid and unpaid staff, committees, boards, session, and membership.

I further give consent for any adult leader of any youth activity sponsored by "Church" to secure emergency and surgical treatment for my child which may be considered to be necessary in the situation in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved.

This waiver, release and authority shall be valid for any youth activity in which my child participates unless revoked in writing prior to the date of that activity.

Parent/guardian signature

Date

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Please do not write below this line.

Notarization Information

The above signature and the signature on the health history form have been witnessed by me on this date

_____ 20____

My commission expires _____ 20____

Signature

SEAL