

First Presbyterian Church Youth Ministry
PERMISSION SLIP

As a parent/legal guardian of _____, I have reviewed the
(name of student)

information about the _____ event,
(name of event)

and give permission for the subject of this release to be involved in the overall activities.

I/We have reviewed the rules of the activities and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We understand all reasonable safety precautions will be taken at all times by First Presbyterian Church of Arlington Heights, IL and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of emergency. I authorize Adult Leaders to administer over the counter medications for my child's comfort deemed necessary. I/We understand the possibility of unforeseen hazards and how the inherent possibility of risk. I/We agree not to hold First Presbyterian Church of Arlington Heights, IL, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Name (Please Print)

Student Name

Parent/Guardian Signature

Date

Address

City

State

Zip

Home Phone

Cellular Phone

Health/Medical Insurance Company and Phone Number

Policy Number

Family Physician

Physician Phone

Contact in case of emergency

Contact Phone

Please list on the back of this Release Statement, any allergies and/or medical conditions the subject of this release may have. Also, list any prescription medication he/she may be taking at this time.

All special trips and events sponsored by Youth Ministries at 1st Pres of Arlington Heights, where students are responsible for a portion of the cost of the trip or event, require payment-in-full by the time of departure or the student will not be allowed to participate. Students (families) who have not paid in full may lose their deposit and could be responsible for any penalties/costs associated with their late cancellation. This policy is in effect for any event or trip where the cost equals or exceeds \$50 per participant. Upon registering for an event or as far in advance as possible, you may speak to the Youth Director about scholarship support. Thank you for your responsible payment. We look forward to having your child with us.

_____ I have read and agree to the above terms.
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