

Bethlehem Presbyterian Church
YOUTH RELEASE FORM

revised 1/12

YOUTH PERSONAL INFORMATION

NAME: _____ DATE OF BIRTH (mm/dd/yyyy): _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ Circle if you have: FACEBOOK

SCHOOL: _____ GRADE: _____

TIME SCHOOL BEGINS: _____ TIME SCHOOL ENDS: _____

EXTRA-CURRICULAR ACTIVITIES/INTERESTS (Check all that apply):

___ sports: _____

___ arts (music, drama, visual, etc.): _____

___ clubs: _____

___ other: _____

DO YOU WORK? Y N IF YES, WHERE? _____

FAMILY INFORMATION (include step-mother's info with father and step-father's info with mother)

FATHER'S NAME: _____

If different from above:

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

OCCUPATION: _____ COMPANY: _____

MOTHER'S NAME: _____

If different from above:

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____ WORK PHONE: _____

OCCUPATION: _____ COMPANY: _____

SIBLING'S NAMES AND AGES: _____

YOUTH MEDICAL INFORMATION

ALLERGIES (Food & Drug): _____

MEDICATIONS: _____

INSURANCE COMPANY: _____ PHONE: _____

POLICY HOLDER'S NAME: _____ POLICY #: _____

PRIMARY CARE PHYSICIAN'S NAME AND #: _____

PREFERRED SPECIALISTS NAMES AND #'S: _____

HOSPITAL OF CHOICE: _____

OTHER MEDICAL HISTORY: _____

STATEMENT OF RELEASE

I, the undersigned parent, as legal guardian of (youth's name) _____, grant permission to the youth advisors, volunteers and staff of Bethlehem Presbyterian Church ('youth staff' hereafter) to, in the event of a medical emergency, take the necessary means to obtain the perceived professional medical attention while under supervision of said youth staff. Knowing that the youth staff have my child's best interest in mind, I in no way hold them responsible for any accidental medical emergencies or the decisions made regarding treatment. I understand that if my child requires professional medical attention while attending any Bethlehem Presbyterian Church function, every effort will be made to contact me (using the information provided on this form) prior to any major decision. If I am unreachable, the youth staff have my permission to use their best judgment in what is best for my child. I understand that it is my responsibility to notify Bethlehem Presbyterian Church of any changes to the provided information before my child is released into the youth staff's care.

____ I have been given an opportunity to ask questions about this form to clarify aspects that I did not understand.

Name (please print): _____

Signature: _____ Date: _____