

FIRST PRESBYTERIAN CHURCH, FORT DODGE-----YOUTH PERMISSION AND MEDICAL RELEASE FORM
September 2024 – August 2025

Accurate and complete information enables us to authorize medical care in the case of an emergency. Please write clearly.

Name _____ Birth Date _____ Grade in 2024-2025 _____ School _____
Address _____ City _____ State _____ Zip _____
Home Phone # ____ / ____ Male Female Parent/Guardian(s) _____
Home Email _____ Youth's Cell # _____
Parent/Guardian Email: _____ Phone# Work ____ / ____ Cell ____ / ____
Parent/Guardian Email: _____ Phone# Work ____ / ____ Cell ____ / ____
Primary emergency contact person _____ Phone # Home ____ / ____ Work/Cell ____ / ____
Alternate contact person _____ Phone # Home ____ / ____ Work/Cell ____ / ____
Family physician _____ Phone # ____ / ____
Medical Insurance _____ Policy # _____
Group # _____

MEDICAL HISTORY

Medications: _____ Dosage _____ Times _____ Last tetanus shot _____
Over the counter medications with the exception of _____ may be given as needed. Yes No
Allergies: Insect bites, Drugs, Food, Other _____ Does your student wear Glasses Contacts?
Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and about which the church should be aware, and what, if any, action or protection is required on account thereof. (Specify conditions such as, but not limited to, asthma, diabetes, seizures, bleeding, clotting, injection requirements, etc. about which the church should be aware.) _____
Should this student's swimming or activities be restricted for any reason? Yes No If YES, please explain: _____

-MEDICAL RELEASE: In the event that I/we cannot be reached in an emergency during the dates specified on this form, I/we hereby give permission to the physician or dentist selected by the church leadership to secure proper intervention, X-ray examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization for my son or daughter as deemed necessary.
-LIABILITY RELEASE: Signing of this form constitutes agreement by the parent/guardian to assume and accept all risks and hazards inherent in church-related programs, outings, and social activities and to release First Presbyterian Church, its employees, Board, Agents, Volunteer Assistants, and all other persons or entities, including other participants, from any and all liability for damages, losses or injuries to the person or property of the undersigned and/or the above-listed minor. The parents or guardians understand that they are signing for the minor(s) listed on this form and the signature is for both a medical and liability release.
-My child has permission to attend all church sponsored youth/children's activities, including, but not limited to the following list: Cook-outs, over-nighters, boating, sports activities, games in parks, water parks, amusement parks, camping, retreats, repelling, hiking, concerts, Bible studies, miniature golf, service projects, retreats, mission trips etc. NOTE: If you desire to limit your child's participation in any event, please inform FPC in writing in advance of that event.
-RULES OF BEHAVIOR EXPECTED FROM EACH STUDENT: 1) No alcohol, drugs, tobacco permitted. 2) Participation with the group is expected. 3) Respect others, staff, volunteer leaders, and property. 4) Respect and comply with event schedules. FAILURE TO COMPLY WITH THESE EXPECTATIONS COULD RESULT IN YOUR CHILD BEING SENT HOME **AT YOUR EXPENSE**. Specifically, this means you may be required to pick up your child at any activity.

I give First Presbyterian Church permission to use photos, and video/audio footage of my child in/on church newsletters, e-news, bulletins, social media, the church website, and promotional flyers, videos and other materials. Initial
Please do not hesitate to contact First Presbyterian Church with any questions or concerns.
Students are not directly supervised while at amusement parks, shopping malls, water parks, etc.

This form is a legal document that authorizes your child's participation in a wide variety of activities over the course of a one-year period. Please read this form carefully and clarify any concerns by calling the office (515-576-2091) before signing.

Parent/Guardian Signature _____ Date _____