

Trinity Presbyterian Church140 N. Tyler Ave.
Ogden, UT 84404**First Presbyterian Church**880 28th St.
Ogden, UT 84403**Presbytery of Utah**699 E. South Temple
Ste 305 SLC, UT 84102**2018 PERMISSION, WAIVER, AND MEDICAL AUTHORIZATION FORM****Participant Name:** _____ **Birth date:** _____

I give permission for my child (named above) to attend the programs, events, field trips, and service projects associated with the Youth Group of Trinity Presbyterian Church, First Presbyterian Church of Ogden, and the Presbytery of Utah. I further give permission for my child to be transported to and from events by hired and volunteer drivers authorized by these churches. Given permission will be denoted by a signature at the end of the document.

Medical Release

If a child is injured or otherwise needs immediate care, we will make reasonable efforts to contact the parents. However, there are circumstances when getting care before a parent is available is best for the child. In the event a child requires immediate medical care while with the youth group, I hereby authorize the Youth Group leaders, volunteers, Trinity Presbyterian Church, First Presbyterian Church, Presbytery of Utah, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

_____ Physician Name	_____ Dentist Name
_____ Phone	_____ Phone
_____ Medical Insurance Company	_____ Dental Insurance Company
_____ Policy/Group Number	_____ Policy/Group Number
_____ Name of Policy Holder	_____ Name of Policy Holder

Custody Release

I further authorize the Youth Group leaders of Trinity Presbyterian Church, First Presbyterian Church of Ogden, and the Presbytery of Utah to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity and Liability Release

I further give permission for my child to participate in all activities sponsored by the Youth Group, Trinity Presbyterian Church, First Presbyterian Church of Ogden, and the Presbytery of Utah except as noted immediately below. Additionally, I recognize that injuries can occur and hereby release and hold harmless with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by negligence or otherwise, the following named persons,

entities, and their agents, directors, employees, representatives, and volunteers: Trinity Presbyterian Church, First Presbyterian Church, the Presbytery of Utah, Wasatch Christian Early Learning Center, and Daniel Cook.

Photo Release

You have received this parental consent form to both inform you and to request your permission for your child's photo/ image and name to be published on websites and social media maintained, owned, and/or administrated by Trinity Presbyterian Church, First Presbyterian Church, and the Presbytery of Utah. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, or make changes to this form, you may do so at any time in writing by sending a letter or email to the Youth Director and such rescission will take effect upon receipt.

Initial one of the following:

_____ I/We GRANT permission for this youth's photo/image and all other personal identifiers listed above to be published on the websites, social media feeds, and any other sites operated by Trinity Presbyterian Church, First Presbyterian Church, and the Presbytery of Utah.

_____ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on the websites, social media feeds, and any other sites operated by Trinity Presbyterian Church, First Presbyterian Church, and the Presbytery of Utah.

_____ I/We DO NOT GRANT permission for photo/image that includes this youth to be published on the websites, social media feeds, and any other sites operated by Trinity Presbyterian Church, First Presbyterian Church, and the Presbytery of Utah.

Health Care Information

Please list any allergies to drugs, foods, plants, insects, animals, etc:

Does your child wear glasses or contacts? _____ Date of last tetanus shot _____

Please list any additional information relevant to participating in Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

For your child's safety and our knowledge, is your child a good, fair, or non-swimmer?

Emergency Contact Information

Name	Phone Number	Home/Mobile/Work
_____	_____	_____

Street Address	Email
_____	_____

Relationship to Participant: _____

Name	Phone Number	Home/Mobile/Work
_____	_____	_____

Street Address	Email
_____	_____

Relationship to Participant: _____

Please list all those authorized to pick up your child from our programs:

List anyone who we should be cautious about if they come to the program or request to pick up your child:

As parent, guardian, or temporary guardian with legal responsibility for this participant, I consent and agree not only to his/her release of all releases, but also to release and indemnify the releases from any and all liabilities incident to his/her involvement in these programs for myself, my heir, assigns, and next of kin.

Signature

Date
