



Covenant Presbyterian Church
Children's Ministries Permission/ Release Form

Event: _____ Date: _____

Youth's Name: _____

Age: _____ Birth-date: _____ Grade: _____

Address: _____ Zip: _____

Home Phone: _____ Parent(s) Work Phone: _____

Parent/Guardian: _____

1. Emergency Contact, Name: _____ Phone: _____

2. Emergency Contact. Name: _____ Phone: _____

I/We hereby give permission for my/our child/dependent to attend and participate in Covenant Presbyterian Church's event indicated above. The undersigned hereby give(s) permission for the minor to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Youth Ministries programs at Covenant. In the event of an accident and inability to reach me/us for advice, we/I authorize an adult, in whose care the minor has been entrusted, to consent to medical, surgical, or dental diagnosis and/or treatment and hospital care, to be rendered to the minor on the advice of a licensed physician or dentist. I/We, the undersigned, shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my/our child to return home due to medical reasons or otherwise from a long-distance outing, the undersigned shall assume all transportation costs.

Hospital Insurance: ____ Yes ____ No

Insurance Co.: _____

Policy #: _____

Medications/ allergies: _____

Parent / Guardian Signature: _____ Date: _____