



YOUTH PERMISSION, INFORMATION AND RELEASE FORM

Langhorne Presbyterian Church

Sharing the Life of Jesus

125 E. Gillam Avenue, Langhorne PA 19047

215-752-3200 www.langhornepres.org

Student's Name: _____ Birth date (mm/dd/yy) _____

Street Address: _____

City, State and Zip Code _____

Home Phone: () _____

Emergency Contact Information

Parents' Names: _____

Address (if different than above): _____

Mom's Work : () _____ Dad's Work # () _____

Cell: () _____ Cell () _____

In Case of Emergency, please notify:

(Name) (Phone) (Relationship)

(2) _____

(Name) (Phone) (Relationship)

Family Doctor _____ Phone # () _____

Does youth take medication or require special care? _____ YES _____ NO

If yes, please specify _____

If youth requires medication to be administered while participating in this event, all medication is to be in possession of adult sponsor. Please specify any directions here:

Allergies: _____

OVER PLEASE

Has it been necessary to restrict activities for medical reasons? _____ YES _____ NO

If yes, please explain: _____

Your medical insurance carrier will be the primary coverage for medical charges in the case of illness or injury while your child is participating in this activity.

Name of health insurance company covering participant: _____

Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

We have been informed that medical treatment will be expedited if a copy of the insurance card is available. Please attach a copy of your insurance card to this permission form.

I give my permission for full participation in the Youth Activities of Langhorne Presbyterian Church from _____ to _____ and to ride in church vehicle(s), subject to any limitations noted above. I understand that in the event of illness or accident, every attempt will be made to contact immediately the persons listed on this form.

In the course of youth activities where I cannot be reached, I request that measures be instituted without delay as authorized by the adult activity leader(s) or their representative(s). I give my permission to the medical personnel selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be billed as primary coverage in the event medical intervention is required.

I understand all reasonable safety precautions will be taken at all times by Langhorne Presbyterian Church and its representatives during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Langhorne Presbyterian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject on this form.

Further, I will provide necessary arrangements for my child's transportation to his /her home should a situation arise making it impossible for my child to be able to complete the specified trip.

Pictures are often taken at different events and could be used for publications both printed and on the church web site. If you do not wish your child's picture to be used in this way, please advise the office in writing.

Signature of parent/guardian _____

Date: _____