

YOUTH GROUP

First Presbyterian Church
840 South 17th Street, Lincoln, NE 68508
(402) 477-6037

AUTHORIZATION AND CONSENT TO TREAT A MINOR/PHOTO RELEASE FORM

Name of Minor _____ Age _____ Birthdate _____
Address _____ City/State/Zip _____
Home Phone _____ Parent/Guardian Business Phone _____

THE UNDERSIGNED DOES HEREBY GIVE PERMISSION FOR MY/OUR CHILD _____
TO ATTEND AND PARTICIPATE IN ACTIVITIES SPONSORED BY FIRST PRESBYTERIAN CHURCH FROM AUGUST 23rd, 2009
TO AUGUST 30TH, 2010.

I (WE) AUTHORIZE DESIGNATED YOUTH SPONSORS, IN WHOSE CARE THE MINOR HAS BEEN ENTRUSTED, TO
CONSENT TO ANY X-RAY, EXAMINATION, ANESTHETIC, MEDICAL, SURGICAL, OR DENTAL DIAGNOSIS OR
TREATMENT AND HOSPITAL CARE, TO BE RENDERED TO THE MINOR UNDER THE PROVISIONS OF THE
MEDICAL PRACTICE ACT BY THE MEDICAL STAFF OF A LICENSED HOSPITAL, WHETHER SUCH DIAGNOSIS OR
TREATMENT IS RENDERED AT THE OFFICE OF SAID PHYSICIAN OR AT SAID HOSPITAL.

THE UNDERSIGNED ALSO AUTHORIZES DESIGNATED YOUTH SPONSORS TO ADMINISTER FIRST AID
TREATMENT DEEMED NECESSARY IN THE ABSENCE OF A PHYSICIAN. THE UNDERSIGNED ALSO AUTHORIZES
DESIGNATED YOUTH SPONSORS TO ADMINISTER TYLENOL AND/OR OTHER OVER-THE-COUNTER DRUGS TO
THE ABOVE MINOR AS APPROPRIATE EXCEPT _____ (LIST OR INDICATE NONE).

THE UNDERSIGNED SHALL BE LIABLE AND AGREE(S) TO PAY ALL COSTS AND EXPENSES INCURRED IN
CONNECTION WITH SUCH MEDICAL AND DENTAL SERVICES RENDERED TO THE AFOREMENTIONED CHILD
PURSUANT TO THE AUTHORIZATION. SHOULD IT BE NECESSARY FOR MY (OUR) CHILD TO RETURN HOME
DUE TO MEDICAL REASONS OR OTHERWISE, THE UNDERSIGNED SHALL ASSUME ALL TRANSPORTATION
COSTS.

THE UNDERSIGNED DOES ALSO HEREBY GIVE PERMISSION FOR MY (OUR) CHILD TO RIDE IN ANY VEHICLE,
WHOSE DRIVER HAS A VALID DRIVER'S LICENSE AND ALSO CAN SHOW PROOF OF AUTO INSURANCE,
DESIGNATED BY YOUTH SPONSORS IN WHOSE CARE THE MINOR HAS BEEN ENTRUSTED WHILE ATTENDING
AND PARTICIPATING IN ACTIVITIES SPONSORED BY FIRST PRESBYTERIAN CHURCH.

NAME OF MINOR _____ FATHER/GUARDIAN _____

DATE OF LAST TETANUS SHOT _____ MOTHER/GUARDIAN _____

ALLERGIES _____ MEDICATIONS CURRENTLY USED _____

FAMILY PHYSICIAN

NAME _____ ADDRESS _____

PHONE _____ INSURANCE CO _____

POLICY/MEMBER # _____

IN CASE OF EMERGENCY AND PARENT(S) CANNOT BE REACHED, CONTACT:

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

PARENT(S) / GUARDIAN(S) SIGNATURE _____ DATE _____

PHOTO AUTHORIZATION RELEASE

I give permission to First Presbyterian Church to use a photo of my daughter/son in:

First Report/Bulletin TV Website Signed (parent/Guardian) _____

PARENT INFORMATION:

Mother's E-mail Address: _____

Father's E-mail Address: _____

*First Presbyterian has gone green! So updates and important information will be sent out via-e-mail.