

GENERAL CONSENT FORM

Please note that the information on this form is for the sole use of the youth leaders and is not available to any other individuals or groups. This means that we will not disclose any of the following information to another individual without your permission.



STUDENT DETAILS

Name _____ Date of birth _____

Address _____

Sex: Male/Female (circle appropriate)

Email address _____

Phone number () _____

EMERGENCY CONTACT DETAILS

In the event of an emergency relating to your son/daughter, please provide information below which we can use to contact you.

Contact #1 _____ Contact #2 _____

Email _____ Email _____

Phone Number _____ Phone number _____

MEDICAL INFORMATION

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness, etc.) which we should be aware of? _____

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

I, the parent of guardian, give the student permission to attend and participate in this activity. I understand that care will be taken to ensure the health, safety, and welfare of my child. I realize and accept that in the event of my child's behavior adversely affecting the safety of the activity, the organizers reserve the right to return my child home. I also agree to hold harmless, The First Presbyterian Church, for any accidents or illnesses during this activity.

Name _____ Signature _____ Date _____