

Parental Consent and Release of Liability
First Presbyterian Church
La Junta, CO

Child's Name (Print) _____

Effective: June 1, 2018, through May 31, 2019.

I/We, the undersigned parent(s) or legal guardian(s) of the above named child request that s/he be permitted to participate in the activities of the First Presbyterian Church Youth Fellowships.

Further, I/we the undersigned parent(s) or legal guardian(s) assume legal and moral responsibility for the actions of my/our child while participating in the activities of the First Presbyterian Church Youth Fellowships. I/We hereby give permission to take my/our child to a doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatment, and furthermore I/we assume full responsibility for all medical bills incurred.

Furthermore, should it be necessary for my/our child to return home due to medical reasons, disciplinary actions, or otherwise, I/we hereby assume all costs including, but not limited to, transportation.

My/Our child is insured by _____

Hospitalization/Insurance plan account # _____

Name of parent/guardian under whom the child is insured _____

Physicians name _____

Phone number _____

Known pharmaceutical allergies _____

Custodial Parent's home phone number _____ Cell _____

Parent's name _____ Parent's signature _____
or legal guardian's

Parent's name _____ Parent's signature _____
or legal guardian's