YOUTH NAME (first) _____ (last) _____

Heritage Presbyterian Church
Youth Permission and Release Form

PARTICIPANT INFORMATION

YOUTH Cell _____ YOUTH E-mail _____

School (Middle) _____ (High) _____ Class of _____

Parent/Guardian Name(s) _____

Parent/Guardian E-mail(s)_____

Parent/Guardian Cell(s) _____

Address _____

EMERGENCY CONTACT (other than parent/guardian; include relationship to youth)

_____

_____

MEDICAL HISTORY

Date of birth _____ Date of last tetanus shot _____

Known allergies _____

Any restrictions (dietary or physical) _____

MEDICATION DISTRIBUTION

For each current medication, please provide the following information (attach additional sheets as needed):

Medication _____ Dosage _____ Time to be taken _____ Held by*: ☐youth ☐adult

Medication _____ Dosage _____ Time to be taken _____ Held by*: ☐youth ☐adult

Medication _____ Dosage _____ Time to be taken _____ Held by*: ☐youth ☐adult

Additional Instructions _____

Note: ALL medication must be in the original container and verified by the designated adult advisor prior to any trip.
Any deviation from instructions on container must be noted by doctor or parent in writing.
Any controlled substances must be held by an adult advisor.

Please indicate which of the following over-the-counter medications (name brand or generic) may be given to your child:
(circle) ALL LISTED BELOW or strike through any medications you **DO NOT** approve to be provided to your child

Tylenol (acetaminophen)
Motrin (ibuprofen)
Aleve (naproxen)
Sudafed (phenylephrine HCL)
Cough Suppressant (dextromethorphan)
Decongestant (guaifenesin)
Benadryl (diphenhydramine HCL)
Immodium (loperamide HCL)
Tums (calcium carbonate)
Pepto Bismal (bismuth subsalicyate)
Mylanta (simethicone – gas discomfort tabs)
Laxative Tabs (bisacodyl)
Neosporin (neomycin sulfate, polymyxin B, and bacitracin)
Other: _____

MEDICAL INSURANCE INFORMATION (please also attach a photocopy of your insurance card)

Insurance company _____

Policy and group numbers _____

Employer or provider _____

YOUTH NAME (first) _____ (last) _____

ACTIVITY AND PHOTO PERMISSION

☐ My youth may participate in HPC activities, including: youth group meetings, lock-ins, mission trips, volunteer opportunities for HPC events, special outings and other excursions under the supervision of HPC Youth Advisors. I release Heritage Presbyterian Church, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church events.

☐ Additionally, I give permission for my youth to be photographed, and for Heritage Presbyterian Church to use individual and group photos in its publications, including, but not limited to: newsletter, website, and social media (i.e. Facebook), HPC fliers, bulletin boards, and presentations.

AUTHORIZATION FOR MEDICAL TREATMENT

☐ I hereby authorize a representative of Heritage Presbyterian Church to give consent for medical treatment of my child in the event of illness or injury, including the distribution of medication as indicated above. In case of emergency, I understand that every effort will be made to contact me as a parent or guardian. In the event that I cannot be reached, I hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child.

This permission and authorization is effective for the individual named above for the period noted next to each signature.

_____ _____ 8/1/22 – 7/31/23
(signature of parent/guardian) (date) (effective dates)

I have reviewed the information on the opposite side of this form and certify that it is correct and renew my permission for the coming year.

_____ _____ 8/1/23 – 7/31/24
(signature of parent/guardian) (date) (effective dates)

I have reviewed the information on the opposite side of this form and certify that it is correct and renew my permission for the coming year.

_____ _____ 8/1/24 – 7/31/25
(signature of parent/guardian) (date) (effective dates)

I have reviewed the information on the opposite side of this form and certify that it is correct and renew my permission for the coming year.

_____ _____ 8/1/25 – 7/31/26
(signature of parent/guardian) (date) (effective dates)

I have reviewed the information on the opposite side of this form and certify that it is correct and renew my permission for the coming year.

_____ _____ 8/1/26 – 7/31/27
(signature of parent/guardian) (date) (effective dates)

I have reviewed the information on the opposite side of this form and certify that it is correct and renew my permission for the coming year.

_____ _____ 8/1/27 – 7/31/28
(signature of parent/guardian) (date) (effective dates)

I have reviewed the information on the opposite side of this form and certify that it is correct and renew my permission for the coming year.

_____ _____ 8/1/28 – 7/31/29
(signature of parent/guardian) (date) (effective dates)