

**FIRST PRESBYTERIAN CHURCH NEXT DOOR YOUTH MINISTRY
MEDICAL RELEASE, COVENANT, AND PERMISSION FORM**

Today's Date _____

General Information

Name _____

Age _____ Birthday _____ Year in School _____ Gender _____

Address _____ City, State _____

Phone numbers (home) _____ (cell) _____

Parent or Guardians' Names _____

Phone numbers and emails _____

Medical Information

Physician (name and number) _____

Emergency Contact name and number _____

Medical insurance Company and policy #

Allergies/Glasses/Medicines/illnesses (diabetes, Asthma, epilepsy, etc.)

Covenant

In order for each student to participate in events with us, we require a signed covenant for which each student will be held accountable.

For your information, we hold you accountable to the following rules:

-Listening and obeying adult leaders –No fighting –No possession of alcohol, drugs, or tobacco –
no weapons or explosives –Participation in all group activities –To follow Christ's example-
respect for others and others' property-no immodest clothing- no offensive language

All of these must be followed or transportation will be provided home at the expense of the student

By signing below, the student and the parents/guardians agree to the above rules and agree that the medical information is accurate and precise

Parent/Guardian signature _____

Student signature _____

By marking yes or no below, you give permission for photos of the student to be used in for promotional reasons

___ Yes ___ No