

# CORE youth ministry

(permission form)

## Silver Spring Presbyterian Church/CORE Youth Ministry Consent/Release Form

(student information)

name :: \_\_\_\_\_ phone :: ( ) \_\_\_\_\_

street :: \_\_\_\_\_ city & zip :: \_\_\_\_\_

age (as of event) :: \_\_\_\_\_

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I GIVE PERMISSION FOR MY CHILD, LIST ABOVE, TO ATTEND THE CORE EVENT TO:

\_\_\_\_\_, on \_\_\_\_\_  
(name of event) (date of event)

I hereby release CORE youth ministry, its staff and volunteers, from responsibility and liability for any injury or illness that my child may sustain during this event. I further understand, that we and/or our insurance carrier assume full responsibility for all payments and costs of said emergency treatments. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

\_\_\_\_\_  
signature of parent or legal guardian date

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(emergency information)

emergency contact :: \_\_\_\_\_ relationship :: \_\_\_\_\_

emergency phone :: ( ) \_\_\_\_\_

allergies :: \_\_\_\_\_

medications being taken :: \_\_\_\_\_

physical handicaps or limitations :: \_\_\_\_\_

name of insurance provider :: \_\_\_\_\_

insurance policy number :: \_\_\_\_\_

BE SURE TO INCLUDE ANY NECESSARY DEPOSIT REQUIRED FOR EACH EVENT

CHECK ONLINE FOR REGISTRATION DEADLINES