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Carol Divens Roth, Interim Pastor



SIXTH
presbyterian CHURCH

YOUTH UNIVERSAL PERMISSION FORM
EFFECTIVE DATE: _____

YOUTH INFORMATION

Name _____

Address: _____

School: _____ Grade _____ Birth date _____

Youth Email _____ Youth Home Phone _____ Youth Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name _____ Relation _____

Email _____ Home Phone _____ Cell Phone _____

Name _____ Relation _____

Email _____ Home Phone _____ Cell Phone _____

ADDITIONAL EMERGENCY CONTACT

Name _____ Relation _____

Email _____ Home Phone _____ Cell Phone _____

PRIMARY CARE PHYSICIAN

Name: _____ Practice: _____ Phone: _____

Date of last Tetanus shot _____

INSURANCE INFORMATION (Or please attach a copy of medical insurance card to this form)

Medical Insurance Company: _____ Phone: _____

Policy Holder's Name: _____ Policy/Group ID#: _____

ADDITIONAL INFORMATION / MEDICATION

Please list any medical conditions, allergies or any other pertinent information about the Youth that would be important for the adult leaders to know and all medications the youth may take during any youth ministry trip, retreats, or events (if you would like the adult leaders to hold this medication for the student and dispense as needed please let us know).

PERMISSION SLIP

CONSENT: I, the undersigned parent or legal guardian of _____ (Youth's name) ("Participant") hereby grant my permission for the Participant to attend and fully participate in future Sixth Presbyterian Church youth ministry activities (e.g. meetings, events, retreats, lock-ins, trips) beginning on the Effective Date of this Permission Form, including trips away from the church premises.

LIABILITY RELEASE: In consideration of Sixth Presbyterian Church allowing the Participant to participate in youth ministry activities, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Sixth Church, its pastors, directors, employees, volunteers and teachers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the youth ministry activities, including without limitation any medical treatments permitted hereunder. Furthermore, I, on behalf of the Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in any recreation or work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify the Church for any liability sustained by the Church as the result of the negligent, willful or intentional acts of the Participant, including expenses related thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult youth leader to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the Participant under the general or special supervision and on the advice of any licensed physician or dentist. I give permission for an adult youth leader to give the Participant approved over-the-counter medications (i.e. Tylenol, Advil, antacids, Benadryl) as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction at a youth ministry activity. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the Participant pursuant to this authorization.

TRANSPORTATION PERMISSION: The undersigned shall assume all transportation costs and responsibility for transporting the Participant to and from home for the youth ministry activities, including any early return that is necessary for the Participant to return home due to medical reasons, disciplinary action or otherwise. The undersigned hereby gives permission for the Participant to ride in any vehicle driven by an approved and licensed adult leader or volunteer while attending and participating in activities sponsored by Sixth. The Participant and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Name of Youth Participant	x Signature of Youth Participant	Date
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Name of Parent/Guardian	x Signature of Parent/Guardian	Date
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PHOTO RELEASE FOR YOUTH

_____ I grant my permission for Sixth Presbyterian Church use photographs or video taken during church-related activities for use in the church's publications, website and other materials.

_____ I do not grant my permission for Sixth Presbyterian Church use photographs or video taken during church-related activities for use in church's publications, website and other materials..