

Presbyterian Church of Seffner – Youth Ministry Consent Form

I, (your name) _____, as (your relationship to your youth) _____, of (name of youth) _____, hereby with my signature hereon grant permission for my youth to attend and be a part of the Youth Ministry.

Medical Consent

In the event that my youth becomes ill or sustains an injury or injuries while in transit to and/or from the event, or while attending and participating in the event, I, by my signature hereon, grant my permission to those in charge to take whatever steps that are deemed necessary, required, and/or prudent to provide, seek, and administer medical assistance.

I further consent and grant my permission for treatment by emergency responders and treatment and hospital care, including but not limited to: x-rays, examinations, anesthesia, emergency room care and treatment, medical and/or dental procedures, surgical diagnosis and procedures, and the administration of medications of a duly licensed physician and/or surgeon.

I understand and agree that this consent applies to any and all emergency situations, and that a copy of this consent form is as valid as the original.

I understand that he signed copy of the form releases the Presbyterian Church of Seffner and its employees, adult leaders, and those in charge, from any and all liability in the event that my youth in injured, and from any and all liability in rendering, seeking, and administering treatment to and/or for my youth.

Additional Consent

I understand that there in inherent risk in travel and in some activities associated with some youth ministry events, including but not limited to, working at mission work sites, theme park rides and attractions, sports and recreation activities, and other activities not herein named or specified. I give my consent for my youth to participate fully in all aspects of this event.

I consent to the use of all photographic and video images of my youth herein named, in applications including, but not limited to, internet postings, publicity, and other applications not herein specified or named.

In the event that there are conduct and/or behavioral problem with my youth that cannot be rectified, I assume complete responsibility for making arrangements or and assuming financial responsibility for personally coming to get my youth, arranging for someone to come get my youth, or the transportation of my youth to individually return home from any event.

Notary

State of FLORIDA, County of _____

Date: _____

Your name (please print): _____

Your relationship to your youth (parent or legal guardian): _____

Your signature as parent or legal guardian: _____

Sworn to and subscribed before me this _____ day of _____, 20____.

The foregoing instrument was acknowledged before me this _____

by _____, who is personally known to me or who has produced

_____ as identification.

Notary signature: _____

Essential Information

Address: _____ Home phone: _____

_____ Cell phone: _____

Emergency Contact Name: _____ Phone Number(s): _____

Physician Name: _____ Phone Number(s): _____

Dentist Name: _____ Phone Number(s): _____

Please answer the following questions on separate paper, with front and back copy of insurance card:

Does your youth have any special health related issues? Does your youth have any allergies?

Is your youth using any prescribed medications? Is there any other valuable information?

If you need to contact us during any event, please call: TJ Childs, Youth Director - (813) 545-6840

