



Pine Ridge Presbyterian Youth Ministry
Annual Medical Release
and Permission Form
January 1, 2024 – December 31, 2024

My youth, _____, may take part in Youth Group, volunteer events, retreats, lock ins, mission trips, hayrides and any other excursions under appropriate supervision of a representative of Pine Ridge Presbyterian Church.

Youth Home Address City State Zip Code

Youth's cell phone Youth's Email Address

Youth's DOB Youth's Grade Youth's School

Parent/Guardian name Cell Number Email Address, please print

Parent/Guardian name Cell Number Email Address, please print

Parent/Guardian Home address if different from child City State Zip Code

Is there anything we need to know about your child that will help us provide the best experience and care:

If necessary I/we give permission for my child _____ to be driven to/from home before/after a youth event when needed by Kerri Bunge or a trained youth volunteer.

I give Pine Ridge Presbyterian Church permission to use my child's image on publications: Yes No

Emergency Contact /Relationship (in case parents cannot be reached) Phone

ADDITIONAL MEDICAL INFORMATION AND RELEASE FOR EMERGENCY CARE

Youth's Primary Doctor's Name

Phone

Date of child's last tetanus or booster shot

Name of medication(s) and dosage(s)

Reason for medication(s)

I understand that Pine Ridge Presbyterian Church, its employees, and volunteers, are not responsible for administering medication to my child, and that they are not liable if my child takes the wrong dosage of medication. However, employees and volunteers are able to administer over the counter medications as needed. I also understand that if my child attends Pine Ridge Presbyterian Church programming with a hypodermic needle, it needs to be kept in an enclosed package. If appropriate, medication may be held by a staff person or designated leader. All hypodermic needles will be kept by a staff person or designated leader. In the event that my child needs medication, my child will let a staff person or designated leader know.

List all allergies and/or dietary restrictions:

Specify and describe your child's special health, learning, or behavioral condition as well as any special care we may need to administer:

Authorization and Release - Authorization for Emergency Medical Treatment and Release of Liability

I, (parents/guardians) _____, _____ hereby authorize a representative of Pine Ridge Presbyterian Church to give consent for medical treatment of our child, _____, in the event of illness or injury. "I/we hereby release Pine Ridge Presbyterian Church, its employees and volunteers for any such treatment provided to my child. I/we further release Pine Ridge Presbyterian Church, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church event and/ or trips. In case of emergency, I/we understand that every effort will be made to contact me as a parent or guardian. In the event that I/we cannot be reached, I/we 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, surgery for my child. Furthermore, I/we understand that my child can be sent home for any reason. This authorization is effective for the individual(s) named above for the period of January 1, 2024 through December 31, 2024.

All information must be completed. To maintain privacy, this form will be kept in the youth office and needs to be updated each year. At the end of the year, our old records will be destroyed.

Signature of Parent(s) or Guardian

Date