

**West End Presbyterian Church**  
**Youth Permission and Medical Release Form**  
**September 2017 through August 2018**

Name of Youth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact in case we are unable to reach you at the above numbers:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group & Policy Number: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ City: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medications: \_\_\_\_\_

Tetanus shot within the last 5 years? \_\_\_\_\_ Are you being treated by a physician for any reason? \_\_\_\_\_

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In case of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the adult representatives of West End Presbyterian Church permission to act on my behalf in seeking medical treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so using those measures deemed necessary. I absolve West End Presbyterian Church and its adult representatives from any liability in acting on my behalf in this regard so long as the West End Presbyterian Church and the adult representatives are not grossly negligent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

My child has my permission to attend church sponsored events scheduled throughout the year. The parent/guardian understands that the adult representatives of West End Presbyterian Church are responsible for maintaining order and administering discipline during the events in which your child is participating. Should a child, in the view of the adult representatives, become a chronic disciplinary problem, the parent /guardian will be notified and the child will be sent home at the expense of the parent or guardian.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# **West End Presbyterian Youth Group Covenant**

**I will strive to serve God, pray and worship regularly.**

**I will support and encourage other youth and adults.**

**I will participate wholeheartedly in West End Presbyterian activities.**

**I will respect the feelings, opinions and property of others.**

**I will arrive on time and not leave early unless I talk to an adult leader in advance.**

**I will abide by dress codes wherever we go.**

**I will communicate with leaders if I plan on bringing a friend to an event.**

**I will abide by deadlines, lights out, rules of centers we visit and the decisions of leaders.**

**I will talk to an adult leader if I have a problem, need or concern.**

**I will abstain from the use of tobacco, alcohol, drugs and all types of sexual behavior.**

**I will abide by this covenant to the best of my ability.**

**I understand that my parents may be called and that I may be asked to leave an activity if I do not abide by this covenant.**

Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_