

**FIRST PRESBYTERIAN CHURCH OF LANCASTER, OHIO
PARENTAL CONSENT AND LIABILITY RELEASE FORM**

The undersigned does hereby give permission for our child, _____
to attend and participate in the Youth Group activities sponsored by the church.

THIS RELEASE COVERS ALL ACTIVITIES THROUGH AUGUST 31, 2012

We/I authorize an adult, in whose care the minor has been entrusted, and in an emergency situation, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and/or hospital care to be rendered to the minor under the general or specific supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and/or dental services rendered to the aforementioned minor pursuant to this authorization. We/I do hereby release, discharge and agree to hold harmless First Presbyterian Church of Lancaster, Ohio and the directors, staff and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature, which may be incurred by the undersigned and the participant that occur while participating in Youth Group activities. Should it be necessary for the participant to return home due to medical reasons or otherwise, the undersigned shall assume all related costs, including, but not limited to, transportation.

The undersigned does also hereby give permission for participant to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in the activities sponsored by First Presbyterian Church, Lancaster, Ohio. The undersigned does also hereby give permission for any Youth Advisory Committee member to view this information, in case of emergency.

Parent/Guardian name(s) _____
Home address _____
Home Phone () _____ Work () _____ Cell () _____
Health Insurance Company _____ Policy/Group # _____
Dental Insurance Company _____ Policy/Group # _____
Primary Insured's Name and Date of Birth _____
Other Emergency Contact _____ Phone () _____
Other Emergency Contact _____ Phone () _____

Please list all special dietary needs, allergies or special medical conditions. Use back of sheet, if needed.

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|----------------------|---------------------------|------|
| Parent/Guardian Name | Parent/Guardian Signature | Date |
| Parent/Guardian Name | Parent/Guardian Signature | Date |