



**First Presbyterian Church In Germantown
Urban Service-Learning Experience
Summer 2009
Youth Participant Permission Form
(17 yrs old and under)**

Participant's Name _____ Age _____

Address _____ Home phone _____

I, _____ do hereby grant permission for _____ to attend the First Presbyterian Church in Germantown Service-Learning Experience Summer 2008. I agree to indemnify and hold harmless First Presbyterian Church in Germantown from all liability, expenses and claims arising out of any connection with this event attended by the above named minor. There are no warranties, expressed or implied.

Parent/Guardian Signature _____ (date) _____

MEDICAL INFORMATION AND RELEASE:

I further understand that any event can result in injury to the participants. I give my permission in case of injury or suspected injury, to have my son/daughter x-rayed by a qualified radiologist and to have any injury treated as necessary in the judgment of a physician or qualified medical professional. I agree to hold the chaperones, employees, and agents of First Presbyterian Church in Germantown who are supervising the event harmless for any such injuries. Should the need arise during the course of this event, I hereby give my permission to the supervisors of First Presbyterian Church in Germantown to have my son/daughter medically treated. I also understand and acknowledge that the supervisors cannot be held responsible for the treatment administered by the doctor, nurse, or any other qualified medical professional. If my child should need medical assistance I have provided the information necessary for such treatment below, and expect attempts will be made to reach me at the numbers provided below if any such need should arise, not for permission but in order to stay in touch.

Print Name _____ Signature _____

CONTACT INFORMATION:

Please provide a phone number where you can be reached in case of emergency _____

In case we cannot reach you, please list additional contacts:

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

MEDICAL INFORMATION:

Medical Insurance Company: _____ Group Number: _____

ID Number: _____ Policy Number: _____

Name of Policy Holder: _____

Please list any medication(s) your child will need to take while on this trip and directions for use:

Please list any allergies or other medical information we need to know: _____ (use back if needed)

Bring this form and your remaining balance at the time of your arrival to First Presbyterian Church in Germantown. Checks can be made out to First Presbyterian Church in Germantown. Cost includes meals, 7 nights lodging, and amusement park admission. Remember to bring extra spending money!!