

Yearly Permission Form

Geneva Presbyterian Church (USA)
5835 Sheldon Road, Canton MI 48187
734-459-0013

PARENT OR LEGAL GUARDIAN OF A MINOR CONSENT AND HOLD HARMLESS FORM

PLEASE NOTE THAT THIS FORM IS VALID FOR THE ENTIRE PROGRAM YEAR - SEPTEMBER THROUGH AUGUST. IT IS THE PARENT'S OR LEGAL GUARDIAN'S RESPONSIBILITY TO NOTIFY THE YOUTH OR CHILDREN'S COORDINATOR OF ANY CHANGES THAT NEED TO BE MADE DURING THE PROGRAM YEAR.

PROGRAM YEAR: _____

Child's Name: _____

Date of birth: _____ Sex: _____

Address: _____

Emergency Contact Information:

Name (Relationship): _____

Home Phone: _____ Cell Phone: _____ Alt. Number: _____

Alternate Emergency Contact Information

Name (Relationship): _____ Phone Number: _____

I, _____ (printed name of parent/guardian) being the parent or legal guardian of
_____ (printed name of minor) hereby give my consent for my minor child to
participate in youth activities at Geneva Presbyterian Church from _____ (date) to
_____ (date, not to exceed one year from date of signing.)

I understand that all reasonable safety precautions will be taken by the program leaders during each activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold Geneva Presbyterian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

Minor child's medical conditions (allergies or other medical conditions) that activity leaders should be aware of:

☐ There is a *Permission To Dispense Prescribed Medication* and/or *Permission To Self-Administer Prescribed Medication* and/or *Permission To Dispense Non-Prescription Medication* form/s on file for my minor child.

My minor child should be excluded from the following activities:

Signature of parent/guardian: _____ Date: _____

GENEVA PRESBYTERIAN CHURCH

PARENT OR LEGAL GUARDIAN CONSENT TO TREAT A MINOR

Being the parent or legal guardian of _____ (minor's printed name), I
_____ (parent/guardian's printed name) do consent to any x-ray, anesthetic,
medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I
understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an
emergency, I give permission to the activity leader to make the decisions necessary for treatment including
providing information included on the *Permission To Dispense Prescribed Medication* and/or *Permission To
Self-Administer Prescribed Medication* and/or *Permission To Dispense Non-Prescription Medication* form/s if
applicable. Should there be no activity leader available, I give permission to the attending physician to treat my
minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all
reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree
that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is
given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary
coverage.

Minor's date of birth: _____

Parent/Guardian Signature: _____ Date: _____

Medical Insurance Company: _____

Medical Insurance ID or Group #: _____

Medical Insurance Company Phone #: _____

Primary Care Physician: _____

Primary Care Physician Phone #: _____

Processed by: _____ Date: _____