

Parental Consent and Release Forms
2011-2012 Student Ministries
First Presbyterian Church of Dutch Neck Youth Ministry Programs

PLEASE PRINT

Student: _____ Sex (circle): M F Birth date: ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____ Grade: _____

Student's email address: _____ Student's mobile phone: _____

Mother's Name: _____ Work Phone: _____
Employer: _____

Home Phone (if different than students): _____ Mobile Phone: _____

Mother's email address: _____

Father's Name: _____ Work Phone: _____
Employer: _____

Home Phone (if different than students): _____ Mobile Phone: _____

Father's email address: _____

In case of emergency, after attempting the above phone number(s), please contact:

Name: _____ Relation to student: _____

Home Phone: _____ Work Phone: _____ Beeper or cell phone: _____

Does the student have any ALLERGIES or MEDICAL CONDITIONS that should be considered? (Circle one) YES NO

If you circled YES, please explain: _____

Is there any sort of activity that should be restricted? If so, please explain: _____

Physician: _____ Office Phone: _____

Do you have family medical / hospital insurance? (Please circle one): YES NO If YES, indicate:

Carrier: _____ Policy or Group #: _____

In the event that hospitalization is necessary, I prefer that my child be sent to _____ hospital.

Student's Health History Checklist

The answers to these questions are confidential, but will help us know if your child has any medical problems. We need this information in the event he / she should become ill and we are unable to reach you right away. Please circle YES or NO:

YES NO 1) Has your child ever been hospitalized overnight, had surgery or serious illness?

YES NO 11) Has your child ever had a bumpy, swollen reaction to the TB skin test?

YES NO 2) Is your child taking any medication? If yes, please list medication (s):

YES NO 12) Has your child been with anyone having TB?

YES NO 3) Any allergies or reactions to medicine, DPT or other shots, insect bites?

YES NO 13) Is your child a hemophiliac?

YES NO 14) Does your child have Hepatitis?

YES NO 15) Does your child have tubes in his / her ears?

YES NO 4) Does your child have speech or hearing problems?

YES NO 16) Does your child have a hernia?

YES NO 5) Has your child had asthma or wheezing?

YES NO 17) Does your child have a frequent ear infection?

YES NO 6) Does your child have trouble with his/her eyes or seeing?

YES NO 18) Does your child have diabetes?

YES NO 19) Does your child have hypertension?

YES NO 7) Has your child had a bladder or kidney infection?
Date: _____

YES NO 20) Does your child have dizzy spells or headaches?

YES NO 21) Does your child have skin problems?

YES NO 8) Does he / she have seizures, fits or shaking spells?

YES NO 22) Has your child ever had broken bone(s), dislocated

YES NO 9) Does your child have a heart murmur, a heart defect or heart disease?

YES NO 23) Does your child have a chronic or recurring illness?
Explain: _____

YES NO 10) Is your child able to play as hard as other students ?
joints or serious sprains?

When did your child have:
_____ Chicken Pox _____ Measles _____ Mumps _____ German Measles

General Development:
YES NO 1) Is your child in a special education class at school?

When did your child last see a doctor? Month / Year: _____

YES NO 2) Does your child have any problems not listed above?

My child's immunization records are on file at _____
school and are up to date to the best of my knowledge.

Explain _____

Is there any other information we should know about your child? (i.e. emotional problems, learning disabilities, life situation, etc.)

Parent / Guardian Signature: _____ Date: _____

2011-2012 Junior and Senior High Program Release Form
First Presbyterian Church of Dutch Neck / 154 South Mill Road, Princeton Junction, New Jersey 08550.

I give permission for my child(ren), _____
to participate in all First Presbyterian Church of Dutch Neck Youth Group activities for the 2011-2012 program year, including field trips and transportation where applicable. I acknowledge that this may include potentially dangerous activities (i.e. physical games, rafting, rock climbing, hiking, skiing, etc.) but understand that every precaution will be taken by the church staff, chaperones and instructors to insure the safety and responsible behavior of each participant.

The health history provided is correct as far as I know, and my child named above has permission to engage in all activities except as noted*. In the event I cannot be reached in an emergency, I hereby give permission to the First Presbyterian Church of Dutch Neck's staff or chaperones, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical or surgical treatment (including hospital care) to be rendered to the minor under the general or special 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. In addition, I understand that I will be responsible for any costs incurred in connection with such medical services rendered to the aforementioned child pursuant to this authorization.

In the unlikely event an accident should occur, I agree to hold First Presbyterian Church of Dutch Neck as well as its staff persons, chaperones, and volunteer leaders harmless from any liability due to the injury of my child. Should it become necessary for the church staff, chaperones or volunteers to give medical consent for our family, we agree to hold such individual and First Presbyterian Church of Dutch Neck free and harmless of any claims, demands or suits for damages arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Yes, I agree to the above: _____ Date: _____
(Parent / Legal Guardian)

Insurance carrier: _____ Policy or group #: _____

Work Phone: _____ Home phone: _____ Mobile phone: _____

Physician's name and phone number:

Emergency contact other than custodial parent:

* Please note any specific activities in which your child is unable to participate:

