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Student Name

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Date of birth

# YOUTH MINISTRIES PERMISSION FORM 2014-2015

**Forest Hill Church, Presbyterian**  
**3031 Monticello Boulevard Cleveland Heights, OH 44118 216.321.2660**

I am the the parent or guardian of the minor named above ("my child"). I give my permission for his or her participation in the Youth Ministries programs of Forest Hill Church, Presbyterian, including participation in all on-site and off-site activities, field trips, retreats and events sponsored by Forest Hill Church from July 27, 2014 through August 31, 2015 ("Youth Activities"). I understand that my child may be transported, under adult supervision, in connection with Youth Activities by walking together in groups, in adult-driven vehicles, or by public transportation.

In consideration of my child being allowed to participate in Youth Activities I hereby assume, on behalf of my child, my spouse (if applicable) and myself, all risks in conjunction with the Youth Activities and release Forest Hill Church Presbyterian, the Presbytery of the Western Reserve, the Presbyterian Church (USA), , and all employees and volunteers of the aforementioned from all claims, judgments, liability for any injury or damage due to my child's participation in the Youth Activities, including all risks connected therewith whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my above-named child.

The permission and the information above and on the reverse side of this sheet is confirmed by my signature below on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

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Parent/Guardian

***No one under the age of 18 will be permitted to participate in FHC Youth Ministries Off-Site Events  
without this form on file.***

*The following information is provided with my consent and I will be responsible for reporting any changes that may occur:*

Home address \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_

Parent/Guardian Cell Phone(s) \_\_\_\_\_

Other Emergency Contacts and Phone Number(s) \_\_\_\_\_

Hospitalization Policy with \_\_\_\_\_

Insurance Company Claims Address \_\_\_\_\_ ZIP \_\_\_\_\_

Policy Number \_\_\_\_\_ Type of Coverage \_\_\_\_\_

Employer Name \_\_\_\_\_

Employer Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician Address \_\_\_\_\_

### **Medical Information**

Allergies \_\_\_\_\_

Does the child have other medical problems/issues? (circle one) YES NO

If YES, please describe: \_\_\_\_\_

\_\_\_\_\_

Is this child taking any prescribed or other medications? (circle one) YES NO

If YES, what medications? \_\_\_\_\_

If YES: My child is / is not (circle one) able and authorized to take the identified medications.

Does the child have any special dietary needs? (circle one) YES NO

If YES, please specify: \_\_\_\_\_

Any other relevant information or history we need to know about your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PERMISSION AND INFORMATION CONFIRMED BY SIGNATURE ON REVERSE OF THIS SHEET