
Student Last Name

YOUTH MINISTRIES PERMISSION FORM
2010-2011

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

I am the parent or guardian of the student named above I give my permission to 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 and for which he or she is eligible during the period from September 1, 2010 through September 30, 2011. I understand that all field trips and off-site events will be announced prior to the event and that I may withdraw my permission to his or her participation in the scheduled event.

I understand that the children may be provided transportation to and from sponsored activities g with adult supervision walking and that I will be notified of the means of transportation offered. In consideration of the named minor being allowed to participate in sponsored activities on behalf of my child, my spouse (if any) and me, I hereby assume all risks in conjunction with the sponsored activities and I further release the Presbytery of the Western Reserve, Presbyterian Church USA, Forest Hill Church, and all of their employees, agents and volunteers of the aforementioned from all claims, judgments, liability for any injury of damage due to the named minor's participation in the sponsored activities a including all risks connected to them 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 _____, 200__.

Name: _____

Date: _____

The following information is provided with my consent and I will be responsible for reporting any changes to it:

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

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