## **Narberth Presbyterian Church**

2016-2017 Youth Information Form

Child's Name:			
Date of Birth:	Age (as of 9/1/2016):	Grade: _	
School			
Mother's Name:			
Email:			
Cell:		_ Ok to Text?	Y / N
Father's Name:			
Email:			
Cell:		_ Ok to Text?	Y / N
Child's Primary Address:			
City, State:	Zip:		_
Home Phone:			
Child Cell:		_ Ok to Text?	Y / N
Child Email Address:			
Child's siblings (if any):			
Has your child been baptized?	Baptism Date:	_	
Has your child been confirmed?			

(more on reverse, over please)

## NPC Youth Ministry Event Permission and Release 2016-2017

I,, parent/guardian of, approval for his/her participation in any and all Narberth Presbyt activities held from September 1, 2016 through September 30, 20 field trips, retreats, concerts, camps, meetings and other events h and hazards incidental to such participation and do hereby, waive hold harmless NPC, its volunteers, employees, sponsors, supervisall liability, claims, or demands for personal injury, sickness or c expenses. This release also covers transportation to and from activity activity of the sector of t	erian Church (NPC) youth ministry 017 on the property of NPC as well as any eld off church property. I assume all risks e, release, absolve, indemnify, and agree to sors, participants and drivers, from any and leath, as well as property damage and
(OPTIONAL) I am aware that the NPC Child Advocacy Policy is present with minors for church-related activities. At my discretion screened by NPC permission to drive alone with my child to and	on, I grant employees and volunteers
I understand that if at any time my child's behavior becomes una possession of any weapons (including pocket knives), or substan he/she may be sent home at my expense.	1
I grant NPC permission to use the image or likeness of my child materials.	on the church websites and in printed Initials
SIGN HERE: Parent/Guardian's Signature:	Date:
Medical & Insurance Information and Peri	nission for Emergency Care
Medical & Insurance Information and Peri List all known food or drug allergies:	nission for Emergency Care
	nanded to an adult leader with written
List all known food or drug allergies: Any medications that I wish to have dispensed to my child will be h instructions. I give permission for adult leaders to dispense over-th	handed to an adult leader with written e-counter medication to my child for the
List all known food or drug allergies: Any medications that I wish to have dispensed to my child will be h instructions. I give permission for adult leaders to dispense over-th treatment of minor ailments or injuries except those listed here:	handed to an adult leader with written e-counter medication to my child for the Office Number:
List all known food or drug allergies: Any medications that I wish to have dispensed to my child will be h instructions. I give permission for adult leaders to dispense over-th treatment of minor ailments or injuries except those listed here: Family Physician:	handed to an adult leader with written e-counter medication to my child for the Office Number: Relation to child:

Tunderstand and agree that in case of an emergency or injury to my child, such action will be taken and medical treatment administered as deemed necessary by Narberth Presbyterian Church (NPC) or its employees, volunteers or agents. I hereby release NPC, its employees, agents and volunteers from any claim or liability with respect to the same. I give NPC such authorization that permits any licensed health care practitioner, hospital or other health care facility to provide medical treatment as may be advisable in the circumstances. I further designate such NPC leaders to be my child's personal representatives, as set forth in the Health Insurance Portability and Accountability Act, during the course of any emergency treatment so that they can have access to my child's health information in order to make necessary health care decisions. I understand that NPC will contact me as soon as practicable. I acknowledge and understand that I will be ultimately responsible for the cost of any medical care not be reimbursed by the health insurance provider or if I do not carry any health insurance.

## SIGN HERE: Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Number(s):