

**First Presbyterian Church (USA)**  
**May 30-June 2, 2023 from 5:30 – 8 pm**

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Family email address: \_\_\_\_\_

Name of Parent or Adult Contact: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

1. Child's Name: \_\_\_\_\_

2. Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergies : \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

4. Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Completed: \_\_\_\_\_

Allergies: \_\_\_\_\_

Allergies : \_\_\_\_\_

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**MEDICAL AUTHORIZATION**

I, the undersigned parent / guardian HEREBY AUTHORIZE AND GIVE PERMISSION to First Presbyterian Church (USA), North Platte, NE, it's agents and employees, TO TRANSPORT my child to such physician and/or hospitalization, treatment, surgery, and/or medications for my child as they or health care professionals involved may deem necessary for my child's well being, AND TO HOLD HARMLESS First Presbyterian Church (USA), it's agents, employees, with respect thereto. Authorization and permission is given for these children:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

THE HEALTH INSURANCE COMPANY which provides health insurance coverage on my child/children is \_\_\_\_\_

The Identification or policy number is \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_