

Tims Memorial Presbyterian Church - Youth Ministry
Consent Form

I, _____, as (your relationship to your youth)
_____ of (name of youth) _____ hereby with my
signature hereon grant permission for my youth to attend and be a part of the Youth
Ministry.

MEDICAL CONSENT

In the event that youth becomes ill or sustains an injury or injuries while in transit to and/or from the event, or while attending and participating in the event, I, by my signature hereon, grant my permission to those in charge to take whatever steps that are deemed necessary required and/or prudent to provide, seek and administer medical assistance. I further consent and grant my permission for treatment by emergency responders and treatment and hospital care including but not limited to: x-rays, examinations, anesthesia, emergency room care and treatment, medical and/or dental procedures, surgical diagnosis and procedures, and the administration of medications to be rendered to my youth in an emergency situation, under the general and/or specialized supervision of a duly licensed physician and/or surgeon. I understand that the signed copy of this form releases Tims Memorial Presbyterian Church and its employees, adult leaders, and those in charge, from any and all liability in the event that my youth is injured, and from any and all liability in rendering, seeking and administering treatment to and/or for my youth.

ADDITIONAL CONSENT

I understand that there is inherent risk in travel and in some activities associated with some youth ministry events, including but not limited to working at mission work sites, theme park rides and attractions, white water rafting, float trips, sports and recreation activities, and other activities not herein named or specified. I give my consent for my youth to participate fully in all aspects of this event. I consent to the use of all photographic and video images of my youth herein named in applications including but not limited to internet postings, publicity and other applications not herein specified or named. In the event that there are conduct and/or behavioral problems with my youth that cannot be rectified, I assume complete responsibility for making arrangements for and assuming financial responsibility for personally coming to get my youth, arranging for someone to come get my youth, or the transportation of my youth to individually return home from this event.

NOTARY

State of FLORIDA, County of _____ Date: _____ Your name
(please

print): _____ Your relationship to your youth (parent or legal
guardian) _____

Your signature as parent or legal guardian: _____

Sworn to and subscribed before me this _____ day of _____,
20____

The foregoing instrument was acknowledged before me this

_____ by _____, who is personally known to me or who has produced
_____ as identification.

Notary signature: _____

Essential Information

Address: Street _____ City: _____ State: FL Zip: _____

Home Phone: _____ Work Phone: _____ Cell

Phone: _____

If you cannot be reached who should we contact?

Name: _____ Relationship: _____

Home phone: _____ Work Phone: _____ Cell

Phone: _____

Physician _____ Phone: _____

Dentist: _____ Phone: _____

Does your youth have any special health related issues? Yes _____ No _____

If yes, please provide an attached sheet with full explanation and full of details.

Is your youth using any prescribed medications? Yes _____ No _____

If yes please provide an attached sheet with full explanation and full details including, but not limited to, name of medication, dosage, prescribing physician.

If there is any additional information that you would like to provide that would be of value to us in regard to your youth please provide an attached sheet with full explanation and full details.

If you need to contact us during the event call: Adam Balic 407-832-1439 or the church office 813-949-1239