

To whom it may concern:

_____ has my/our permission to go with the Attica-Williamsport Presbyterian Youth Group to _____ . Please seek medical assistance as needed while he/she is with the group attending the event.

Parent's Signature _____ Date _____

Authorization to Consent to Treatment of Minors

I/We, the undersigned parent(s) of _____ do hereby authorize adult leaders with the youth of Attica-Williamsport Evangelical Presbyterian Church as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical diagnosis or treatment which is deemed advisable by and is rendered under the supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Name(s) of parent or guardian _____ Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Emergency Phone _____

Insurance Company Policy and Number _____

Allergies _____ Date of last tetanus shot _____

Youth's Birth Date _____ Grade _____ School _____

Medications

Please list all medications that your youth might have the occasion to use while participating in any youth function. This includes but is not limited to allergy medication, inhalers, migraine medicines, behavior modifying medications, etc... **This information will be kept confidential but this form will be available to those leaders of youth events for emergency situations.**

What is taken	How it is taken	When it is taken	Why it is taken

While on a youth event or gathering, should your youth be allowed to have common pain-reducing drugs? (Aspirin, Tylenol, Ibuprofen, etc.)

YES _____ NO _____ If yes, which types? _____

Parent's Signature _____ Date _____

Photographs

I give my permission for photos of my child to be used in the Attica-Williamsport Evangelical Presbyterian Church newsletter and/or website.

Parent's Signature _____ Date _____