

**PARENTAL CONSENT FOR MEDICAL TREATMENT AND  
PERMISSION FOR YOUTH TO ATTEND  
MISSION: SHENANGO**

Youth's Name: \_\_\_\_\_ Home Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Age: \_\_\_\_ Gender \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Telephone No. \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Member's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_  
Medication (*amount and time to be taken*): \_\_\_\_\_  
\_\_\_\_\_

Physical Handicaps or Limitations: \_\_\_\_\_  
\_\_\_\_\_

**I hereby release The Presbytery of Shenango and Westminster Highlands, its staff and adult and student representatives, from responsibility and liability for any injury or illness that my child may sustain during an event. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.**

Parent or Guardian Signature: \_\_\_\_\_  
If parent or guardian are not available, please call the relative listed.  
Name: \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**SEATBELT SAFETY**

I hereby agree to wear my seatbelt at all times when being transported to and from the event and any work site throughout the day. If I am found riding without my seatbelt fastened, my parents will be contacted to pick me up immediately.  
Signature of Youth: \_\_\_\_\_

**EXPECTATIONS**

Every parent or guardian should also understand that the Adult Representative of your church's youth group is responsible for maintaining order and administering discipline during the duration of the event in which your youth is participating. Should a youth, in the view of an Adult Representative, become a chronic disciplinary problem the parent or guardian will be notified and the youth will be sent home.  
Parent Signature: \_\_\_\_\_

I have read the above paragraph and understand that I will listen, show respect and follow the rules of my church and its Adult Representative.  
Youth Signature: \_\_\_\_\_