

Youth Name:		
Address:		
DOB:/ Youth I	Email:	
Youth Cell #:		
Grade: School:		
Parent/Guardian Information:		
Mother/Guardian:	Phone:	
Address (if different):	_Email:	
Father/Guardian:	Phone:	
Address (if different):	Email:	
In the event that a parent/gue relatives/friend in case of an e	ardian cannot be reached, please contact the following mergency:	
Name:Phone:		
Name:Phone:		
Insurance Information:		
Ins. Co.:	_Group#:Policy#:	
Ins. Co. Address:		
Ins. Co. Phone: (_)	Cardholder:	
Youth Relationship to Cardhol	der:	



## Special Health Conditions:

(Asthma, diabetes, allergies, etc.), and/or Special Instructions (Allergic to certain meds, wears contact lenses, etc.):

List of Medications & Dose Information:

**Medical Release:** We/I do hereby acknowledge that our son/daughter has permission to attend off-site functions sponsored by First Presbyterian Church, Hickory, NC; and I do hereby release the said church and the accompanying adult advisors from any legal liability or financial responsibility which may arise during the course of the function(s). I hereby authorize emergency treatment as deemed necessary in the event I cannot be contacted immediately. I realize that the health information described above will be kept in confidence. However, I give my permission for it to be shared with any adult in charge of a function on a need to know basis as determined by the youth leader.

Parent/Guardian Signature:	Date:	

Media Release: First Presbyterian Church (FPC), Hickory, NC has permission for
to be photographed with the
understanding that the photograph may be in/on newspapers, Facebook, Instagram
-PC's website, and/or other media.

Parent/Guardian Signature:	Date: