

FIRST PRESBYTERIAN CHURCH

650 2nd Ave. N Fargo, N.D. 58102

RELEASE AUTHORIZATION

Participant _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

Participant or guardian _____

Telephone: Home _____ Work _____ Cell _____

If the parent/guardian is not available, in case of an emergency contact: _____ Phone _____

Relationship to participant _____ Work _____

Our family Physician: Name _____ Phone: _____

Address _____

HEALTH INSURANCE INFORMATION

Company name _____ Policy No. _____

Date of last tetanus shot _____

Please note any medical problems or special needs _____

Are you taking any medications? If yes, list _____

List allergies: Hay fever _____ Insect bites Bee stings _____ other _____

Allergies to drugs: please list _____

MEDICAL AUTHORIZATION

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR (Must be filled in and signed by parent or guardian) (I, (WE), the under signed, parents of _____, and/or do hereby authorize First Presbyterian church, Fargo N.D., and/or adult leaders, as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medicine Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the time of examination at the treatment scene, in the office of said physician, or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required by is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

LIABILITY

In consideration of the opportunity to participate in the _____ on _____ and the recognition of the possible dangers voluntarily subjected to; we hereby knowingly, freely and voluntarily waive any right or cause of action, of any kind whatsoever, arising as a result of such a participation from which any liability which may or could accrue to First Presbyterian Church Fargo, N.D., and the individuals there of.

WEB SITE PHOTO RELEASE

I give permission for my son/daughter's photograph to appear on the web site of the First Presbyterian Church of Fargo N. D. I understand that their photographs will not be given to any other party for any use without additional permission. I also understand that this permission is valid until revoked in writing

DATE _____

(Parent or legal guardian signature)

DATE _____

(Participant signature)

YOUTH TRIP BEHAVIORAL COVENANT

I commit that I will follow the covenant as stated below and will participate in all planned activities during the _____.

I also agree that if I break this covenant the leaders will have the right and authority to impose consequences, the most severe being sent back home by public transportation, for which myself and/or my parents will be responsible for the transportation costs.

No alcohol and/or drugs.

No smoking or smokeless tobacco.

I will participate in all activities.

I will go to bed at the assigned time.

I will be responsible to be on time when leaving or stopping on the trip. I will treat other people I am with, and that I may meet, with respect.

At bedtime there will be assigned space for sleeping for males and females; I will respect this space.

If I cause any property damage, I will assume responsibility for my actions and will make proper restitution to the owner.

I will have a fun time!

I will behave in a mature and responsible manner that reflects the youth of First Presbyterian Church.

I understand that the adult leaders have final authority and I agree to abide by their direction.

Participant signature

Parent/Guardian signature