

**PLEASE ATTACH A PHOTO COPY (FRONT AND BACK) OF YOUR YOUTH'S  
HEALTH INSURANCE CARD TO THIS FORM.**

Youth's Name \_\_\_\_\_

FIRST

LAST

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Youth's Grade (Fall 2016) \_\_\_\_\_ Youth's Cell \_\_\_\_\_ Birthdate \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Cell # \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Cell # \_\_\_\_\_

Medical Information:

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Medical Insurance \_\_\_\_\_ Policy Holder \_\_\_\_\_

Group # \_\_\_\_\_ Member # \_\_\_\_\_

Food and Medical allergies \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

**PERMISSION AND RELEASE**

Westminster Presbyterian Church sponsors various activities for its youth. I give permission for my child to participate in any Church-sponsored activity that my child attends. I further give permission for my child to ride with a driver age 18 or older to and from those activities. I understand that with any activity, including transportation, there is the chance of injury to person or damage to property. Notwithstanding that risk, I release, relieve, and hold harmless Westminster Presbyterian Church, its employees, members, and volunteers (including drivers) from any and all liabilities, including liability resulting from injury to person or damage to property, arising out of my child's participation in a Church-sponsored activity, including transportation provided by a licensed driver age 18 or older.

Further, in the event my child is injured at a Church activity and requires medical treatment, I give permission to any adult leader (age 18 years or older) to authorize such medical treatment as he or she determines appropriate only in consultation with medical professionals, and I agree to be financially responsible for such medical treatment.

It is not unusual for youth to ride with their peers who are licensed to drive. I understand and agree that the Church does not and will not accept responsibility for injuries or damages resulting from my child riding with their peers with a valid license to or from Church activities. I agree to be responsible for transporting my child to and from church functions if I do not want them riding with their peers.

I understand that he/she may be photographed, and that these photographs may be included in publications and web sites of Westminster Presbyterian Church of Nashville.

**Circle one:** My child **has/ does not have** known life threatening allergies that require him/ her to carry an Epi-Pen.

If my child has known life-threatening allergies, I have met with a member of the youth ministry staff to go over allergens, symptoms, and course of treatment.

If my child has known life threatening allergies and exhibits signs of anaphylaxis, I give my permission to the youth ministry staff or chaperones to administer his/ her Epi-Pen.

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**Signature of Parent or Legal Guardian**

**Date**