

**PRESBYTERIAN CHURCH OF CHATHAM TOWNSHIP**  
**Youth Fellowship Permission Slip and Medical Release Form**

Name of Youth \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Date of Last Tetanus Shot (month/year) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**Special Medical Conditions** (e.g., allergies to medicine or food, chronic illnesses or other conditions):

\_\_\_\_\_

**Current medication** (prescription and/or over-the-counter) \_\_\_\_\_

\_\_\_\_\_

*I hereby give permission for my child to participate in all regularly scheduled Youth Fellowship events, including on and off site meetings, special events, service projects and trips.*

*I hereby give permission for the Presbyterian Church of Chatham Township to procure all necessary medical help for my child while he/she is under direct supervision of the Presbyterian Church of Chatham Township, and grant permission to its representatives to authorize any competent medical person to do all things necessary to take care of any injury or sickness while said person is under the supervision of the Presbyterian Church of Chatham Township.*

*This form covers the 20\_\_ - 20\_\_ school year(s).*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency phone number(s)** \_\_\_\_\_

**Alternate Emergency Contacts** (*friends or relatives*)

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Relationship** \_\_\_\_\_