



**YOUTH MINISTRY PERMISSION SLIP AND MEDICAL FORM**

**VALID FOR AUGUST 1, 2016 THROUGH AUGUST 31, 2017**

Child's Name \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Your Email: \_\_\_\_\_

Child's Email: \_\_\_\_\_

I \_\_\_\_\_ (print name) hereby give permission for my child to participate in Westminster Presbyterian Church, West Chester, PA Youth Activities from August 1, 2016 to August 31, 2017 and release Westminster Presbyterian Church and the youth ministry leadership in West Chester, PA from any and all liability to me or my child as a result of his/her participation. Also, I understand that Westminster Presbyterian Church or the youth ministry leadership does not assume any responsibility for loss of, or damage to, personal property of participant. I understand that because of the nature of certain events, there may be times where my child will not be directly supervised by an adult.

I also acknowledge that by signing this form I grant permission to Imago Dei Youth Ministry and related staff to take photos and video for promotional and ministry related purposes only, e.g. website, Facebook, flyers, etc. If I wish to waive this permission, I will contact the Director of Youth Ministry in writing prior to the specified event.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent: \_\_\_\_\_

Phone \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

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

Policy #: \_\_\_\_\_

Medical Issues/Allergies/Concerns \_\_\_\_\_

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