

First Presbyterian Church

300 36th St., Va. Beach, VA 23451
757-428-6332 / www.firstpresvb.org



AUTHORIZATION TO CONSENT TO TREATMENT OF MINORS

I/We, the undersigned parent(s) of _____ do hereby authorize adult workers with the youth of First Presbyterian as agent(s) for the undersigned, to consent to any examination. X-ray. Anesthetic, medical diagnosis or treatment which is deemed advisable by and is rendered under the supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital. Whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Name(s) of parent or guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Emergency Phone _____

Insurance Company _____

Policy Number _____

Allergies _____

Date of last tetanus shot _____

Medications: please list all medications that your youth might have the occasion to use while participating in any youth function, this includes but is not limited to allergy medication, inhalers, migraine medicines, behavior modifying medications, etc. **This information is kept confidential but this form will be available to those leaders of youth events for emergency situations.**

What is taken	How is it taken	When is it taken	Why is it taken

While on a youth event or gathering, should your child be allowed to have over the counter medications (aspirin, Tylenol, Ibuprofen, Pepto Bismol, Sudafed, etc.)

YES _____ NO _____

If yes, what forms? _____

Parent Signature _____

Date _____



First Presbyterian Church

300 36th St., Va. Beach, VA 23451
757-428-6332 / www.firstpresvb.org



Activity Permission Form

My child, _____,

has permission to participate with the First Presbyterian Church

youth group on (date) _____ in the following

activity: _____

Parent's Name: _____

Signature: _____

Date: _____