Allen Park Presbyterian Church (USA) Youth Group
Parental Consent and Liability Release Form 2019-20

NAME OF YOUTH _____
First Last Middle

GRADE _____ **DOB** ____/____/____ **SCHOOL** _____

ADDRESS _____

I, _____, the undersigned parent or legal guardian of the above named YOUTH, hereby give my express permission for my child to attend and participate fully in youth group and youth group activities sponsored by Allen Park Presbyterian Church (APPC). I hereby release Allen Park Presbyterian Church, its staff, employees and volunteer leaders from any and all liability or from any and all claims, demands or causes of action related to injuries sustained by my child during events, including the trip to and from the activity. The permission is granted from _____ (today's date) to June 30, 2020.

LIABILITY RELEASE: In consideration of ALLEN PARK PRESBYTERIAN CHURCH allowing the YOUTH listed above to participate in youth group/youth ministries, I, the UNDERSIGNED, do hereby release, forever discharge and agree to hold harmless ALLEN PARK PRESBYTERIAN CHURCH, its pastors, directors, employees, advisors, and volunteers (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, dental injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the YOUTH while involved in youth group/youth ministries. I, the parent or legal guardian of this YOUTH, hereby grant my permission for the YOUTH to participate fully in all youth group/youth ministries, including trips away from the church premises.

MEDICAL TREATMENT PERMISSION: I, the UNDERSIGNED, authorize an adult, in whose care my YOUTH has been entrusted to consent to any emergency X-ray examination, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision, and on the advice of any licensed physician or dentist under the provisions of the Medical Practice Act or the medical staff of a licensed hospital or emergency care facility. The UNDERSIGNED shall be liable and agrees to pay all costs and expenses rendered to the aforementioned YOUTH pursuant to this authorization.

OVER-THE-COUNTER MEDICATIONS: I give permission for an adult youth leader to give the YOUTH approved over -the-counter medications (i.e., Tylenol, Advil, antacids, Benadryl) as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache or allergic reaction at a youth group activity. YES _____NO_____

TRANSPORATION: The UNDERSIGNED shall assume all transportation costs and responsibility for transporting the YOUTH to and from home to the youth group/ministry activities, including any early return that is necessary for the YOUTH to return home due to medical reasons, disciplinary action or otherwise. The UNDERSIGNED gives the above mentioned YOUTH permission to ride in any vehicle driven by an approved and licensed adult leader or volunteer while attending and participating in activities sponsored by Allen Park Presbyterian Church.

_____	_____	_____
NAME OF PARENT/GUARDIAN	**SIGNATURE OF PARENT/GUARDIAN**	**DATE**

PHOTO RELEASE FOR YOUTH: I grant my permission for Allen Park Presbyterian Church to use photographs or video taken during church or youth group –related activities for use in church publications, website or social media.

YES_____NO_____

PLEASE ATTACH A COPY OF INSURANCE CARD

Please fill out a youth information form on https://www.allenparkpres.org/youth-group.html