



centrevillepresbyterianchurch.student ministry
permission form and medical release

I/We _____, being the parent(s)/legal guardian(s) of _____, a minor of _____ years of age, consent and agree that said son/daughter may travel with the Centreville Presbyterian Youth Group to attend _____, on the dates of _____ through _____.

Signature: _____ Print name: _____
Parent/Guardian

Address: _____ Phone Number: _____
Street City Zip Code

Parent's Email Address: _____ Cell Number: _____

Emergency Contact (If parent is unavailable)

Name: _____ Phone Number: _____ Relationship to student: _____

I/We also consent for the youth leaders to secure the administration of medical treatment and/or medication for the above named child. I/ We further agree to the performance of such treatment, anesthetic, and operations as in the opinion of the attending physician is deemed necessary.

LIST any medication or treatment below that should not be given because of dangerous reactions:

Signature: _____ Date: _____
Parent/Guardian



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Signature: _____ Print name: _____
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Street City Zip Code

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Emergency Contact (If parent is unavailable)

Name: _____ Phone Number: _____ Relationship to student: _____

I/We also consent for the youth leaders to secure the administration of medical treatment and/or medication for the above named child. I/ We further agree to the performance of such treatment, anesthetic, and operations as in the opinion of the attending physician is deemed necessary.

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Signature: _____ Date: _____
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