



centreville presbyterian church. **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 Church Youth Group to attend _____, on the
dates of _____ through _____.

Signature:

Print Name:

Address:

City:

Zip Code:

Telephone: (Home)

(Cell)

Parent's Email Address:

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 medications or treatment below that should NOT be given because of dangerous reactions:

Signature:

Date:



Centreville
PRESBYTERIAN CHURCH