

# Leesburg Presbyterian Church Youth Group Permission Form

*Authorization Form for Middle School and Senior High Youth to Participate in Church Activities  
and Receive Emergency Medical Care*

Rev. 9/1/06

I hereby grant permission for my child/youth, \_\_\_\_\_, to participate in youth activities sponsored by Leesburg Presbyterian Church. I grant authorization for my child/youth to leave the church premises under the supervision of volunteer youth advisors or church staff.

I hereby grant authorization for any adult advisor of the youth group or church staff to take whatever steps may be necessary to obtain such emergency medical care as may be deemed warranted. As soon as reasonable under the circumstances existing at the time, a youth advisor or church staff person will take the following steps:

1. Attempt to contact parent or guardian list below.
2. Attempt to contact alternate person listed below.
3. Attempt to contact child's physician listed below.

If the designated parent or guardian, alternate contact person, or physician cannot be contacted after making a reasonable effort to do so under the circumstances existing at the time, a youth advisor or church staff person is authorized to do the following:

1. Call an ambulance
2. Have the child take to an emergency hospital by one of the youth advisors, church staff, or other responsible person designated by any youth advisor or church staff.
3. Allow on-site emergency medical aid to be administered. Any expenses incurred in reasonable compliance with conditions set out above will be borne by the child/youth's family.

I hereby grant authorization for my child/youth to travel in a vehicle driven by an approved/licensed adult driver and participate in the activity approved and advertised for the youth fellowship meeting. An adult advisor will carry with him/her at all times a cell phone to be used in case of emergency.

\_\_\_\_\_  
[signature of parent/guardian]

\_\_\_\_\_  
[date]

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Alternate Contact person: \_\_\_\_\_

Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Policy Number: \_\_\_\_\_

Please list below any medical concerns or allergies that should be known by youth advisors or church staff:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_