

**FOREST LAKE PRESBYTERIAN CHURCH
 PERMISSION, INFORMATION, AND RELEASE FORM
 For All Ages**

Each year Forest Lake Presbyterian Church sponsors trips and outings that may contain elements of risk. Sometimes circumstances beyond our control arise when the risks are higher (i.e., weather changes, illness, etc.). Recognizing this, the Session and church staff, require all participants to fill in each section of this form, giving your permission for medical treatment and release of liability, should the need arise. It is your responsibility to keep this information to date. Please help us be prepared in case of emergency.

For Ages 20 or Younger

_____ has my permission to participate in church sponsored trips. I hereby release Forest Lake Presbyterian Church and its employees, agents, or volunteers from liability for loss of life, personal injury, or loss of personal possessions. I release liability to all drivers on outings, as well.

Signature of Parent/Guardian _____ *Date* _____

For Ages 21 and Older

I hereby release Forest Lake Presbyterian Church and its employees, agents, or volunteers from liability for loss of life, personal injury, or loss of personal possessions. I release liability to all drivers on outings, as well.

Signature of Participant _____ *Date* _____

I give my permission for Forest Lake Presbyterian Church to use pictures of me and/or my child taken at these events for its web page, brochures, flyers, and/or other types of promotional presentations

Signature of Participant/Parent/Guardian _____ *Date* _____

I give my permission for medical attention to be sought for _____ for any event sponsored by Forest Lake Presbyterian Church. I am also providing medical information and emergency phone numbers in case of need. I understand that I am responsible for all medical expenses.

Signature of Participant/Parent/Guardian _____ *Date* _____

See Attached Drug Permission Form

The following persons will be contacted in case of emergency. For 20 and younger, parents will be contacted first. If a parent cannot be reached, the following persons will be contacted.

<i>NAME OF CONTACT</i>	<i>AREA CODE & ALL PHONE NUMBERS</i>	<i>RELATIONSHIP</i>
1. _____	_____	_____
2. _____	_____	_____

PLEASE COMPLETE BOTH SIDES OF THIS FORM

PERSONAL INFORMATION

Full Name _____
 First Middle Last

Birth Date ____/____/____ Present Age _____ Home Phone ____/____

Address _____

Social Security Number _____

If 20 or younger:

 Mother's Name _____

 Mother's Employer _____

 Mother's Work # _____ Cell # _____

 Father's Name _____

 Father's Employer _____

 Father's Work # _____ Cell # _____

Insurance Company _____

Policy Holder's Name _____

Policy Number _____ Expiration Date _____

List any present and/or long term medication _____

List any allergies or medical conditions a doctor should know about, in case treatment must be sought

Date of last tetanus shot _____

Signature of Participant/Parent/Guardian

Date

PLEASE COMPLETE BOTH SIDES OF THIS FORM