

First Presbyterian Church
Savannah, Georgia

**Youth Activities Permission Form and Health Insurance Information
for 2020-2021**

Name of youth/child _____

Parent/Guardian _____ Phone _____

Address _____

If not available in an emergency, contact:

Name _____ Phone _____

Please include below any health/medical information that you think we need to know.
This information will remain confidential. Use back of sheet if necessary.

For Parent/Guardian

My child/youth has permission to attend all of First Presbyterian Church's youth functions held in Chatham County from September 1, 2020-August 31, 2021. I give my consent for him/her to be transported to and from such events within the bounds of the Savannah/Chatham County area in the church van and other vehicles used for this purpose. The undersigned hereby authorizes any hospital, physician, clinic, doctor, nurse, or technician to furnish my child, named above, any medical care and treatment necessary as a result of injuries sustained or other medical care and treatment as the circumstances require while being transported to and from the church, or while at the church, or while at the place of destination. The undersigned further authorizes a representative of First Presbyterian Church to retain or acquire said medical care and treatment on behalf of the undersigned as if personally done by the undersigned. All acts done are hereby expressly ratified.

Date _____ Signed _____

Insurance Company _____

Policy # _____