



**PERMISSION/MEDICAL RELEASE FORM  
2019**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  Male  Female

Address \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Names of Parents/Guardians \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phones \_\_\_\_\_

Email \_\_\_\_\_

***Persons to call if Parent or Guardian cannot be reached in case of emergency:***

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Are there any special health conditions of which CPC should be aware (such as allergies to medicines or bee stings, epilepsy, heart conditions, etc.)?  Yes  No If yes, please explain in detail: \_\_\_\_\_

Does your child know how to swim?  Yes  No If yes:  Beginner  Intermediate  Advanced

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**PERMISSION AND RELEASE**

As the parent or guardian of the above-named attendee, I grant permission for my son or daughter to attend Cascades Presbyterian Church's 2019 activities and events and authorize CPC and its chaperones, to transport and supervise my child in connection with his or her attendance at the various activities throughout the 2019 year.

I do further hereby give, release, absolve, indemnify, and agree to hold harmless CPC, its Board of Elders, staff, volunteers, and persons transporting my son/daughter to and from the activity and associated activities from any claim arising out of injury to my son or daughter, except to the extent that such harm is the result of intentional misconduct of CPC or such other party seeking to enforce this release.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible to pick my child up and assume the cost of transportation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**MEDICAL CARE AUTHORIZATION**

As the parent or guardian of the above-named attendee of Cascades Presbyterian Church youth activities, I hereby authorize CPC and its chaperones to seek and have emergency medical first aid administered to the above-named attendee during the 2019 year.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**WAIVER OF PUBLICITY FORM**

I give permission for the use of any photos, movies, and audio or video tapings of my child's activities in connection with Cascades Presbyterian Church's youth ministry, to be used with CPC's approval for educational or religious purposes, media coverage, or for publicity benefiting educational or religious purposes.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Youth \_\_\_\_\_