

Parent/Guardian Consent Form

First Presbyterian Church of Rumson, Youth Group

I am the parent or legal guardian of _____ Date of Birth ____/____/____,
_____/____/____, Date of Birth ____/____/____, _____ Date of Birth
____/____/____, who is a member of the Youth Group at First Presbyterian Church of Rumson,
NJ. My signature below these provisions indicates that I agree with, accept, and acknowledge
the information contained in this document.

I hereby give my permission for my child listed above to participate in all activities of the
First Presbyterian Church of Rumson Youth Group and acknowledge and give permission for my
child to attend all activities that may take place on and/or off the grounds of the church.

I understand that all participants in the youth group must follow rules of common
courtesy, and respect for property and others, and must follow and instructions they are given by
pastors, youth group leaders, medical advisors, and staff. I understand and hereby agree to the
dismissal of my child from this program for any violation of these rules. I further agree to
immediately pick up my child from this program for any violation of these rules.

I hereby consent to the giving of first aid treatment and medical treatment described in
this paragraph. I understand that basic first aid treatment may be available. In case of illness or
injury to my child, I hereby authorize the leaders of the youth group to obtain all necessary
emergency treatment. I also understand that if emergency treatment or surgery is necessary,
youth group leaders or medical personnel will make all reasonable attempts to notify the
undersigned to obtain our prior approval. In the event that efforts to contact me or my designee
are unsuccessful, I hereby authorize the attending physician to administer any emergency
treatment, including surgery which is deemed necessary. I acknowledge that I am responsible for
any charges incurred in the treatment of my child. I also acknowledge that the First Presbyterian
Church of Rumson is not responsible for any medical bills incurred for any medical treatment
provided to my child while in attendance of any youth group activity.

In the consideration of the benefits to be derived by participation in the First
Presbyterian Church of Rumson youth group, I hereby release and hold harmless the First
Presbyterian Church of Rumson, their officers, employees, volunteers, or agents, and any medical
treatment personnel selected, from any and all liability or damages including accidental death,
injury or illness, which may result from the participant's voluntary participation in the First
Presbyterian Church of Rumson's Youth Group.

Parent/Guardian Name: _____

Phone Number: _____ Alternate Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If I am unavailable, please contact: Name: _____

Relationship: _____ Phone: _____

Insurance Company: _____

Street Address, City, State, Zip: _____

Policy Holder's Full Name: _____

Policy Holder's ID #: _____

Policy Holder's Date of Birth: ____/____/____

Policy#: _____ Group Code: _____

Attach Photocopy of Both Sides of Policy Holder's Insurance Card

Parents/Guardians Signature: _____ and _____

Date: _____

I authorize First Presbyterian Church of Rumson, NJ to photograph/video my child(ren)
for in church use only. Y/N _____

If you have any further medical concerns or other restrictions pertaining to your child, please put them in writing and
speak to Rev. Shannan R. Vance-Ocampo, Associate Pastor for Children, Youth, and Families. Thank you.