



**PARK LAKE PRESBYTERIAN CHURCH OF ORLANDO**  
 309 E. COLONIAL DRIVE • ORLANDO, FLORIDA 32801  
**CHILDREN & YOUTH CONSENT FORM**

Child's Name	Grade	Date of Birth
Parent/Guardian		Parent/Guardian E-mail
Home Phone	Work Phone	Cell Phone
Address	City/State	Zip
Emergency Contact (other than parent/guardian)	Relationship	Phone Number

**MEDICAL INFORMATION**

Current Medications and Dosages (If none-write None)	
Allergies (If none-write None)	
Additional Medical Information	Date of Last Tetanus Shot
Name of Primary Care Physician	Physician's Phone

**INSURANCE INFORMATION**

Employer	Insurance Provider
Policy Number/Subscriber ID	Group Number
Prescription Plan Provider	
Policy Number/Subscriber ID	Group Number

***All information on this form is and will be kept confidential.***

**EXPLICIT CONSENT AND RELEASE OF LIABILITY**

I, the aforementioned parent or legal guardian of the above named child, consent to the following:

- My child may take part in off campus or overnight trips under appropriate supervision of a representative of Park Lake Presbyterian Church of Orlando.
- Photographs of my child taken at Park Lake Presbyterian Church events may be used in publicity materials, including the church website.
- My child may receive medical treatment in the event of illness or injury as deemed necessary by employees/volunteers.
- In the event of an emergency illness or injury that the employees/volunteers assess it necessary to seek treatment from the nearest medical facility, and I nor my emergency contact can be reached, I give my authorization for my child to receive medical care with the understanding that I will assume any and all responsibility for the payment of this treatment.
- My child is NOT able to participate in the following specific activities: (ex: swimming)

I further release Park Lake Presbyterian Church of Orlando, it's employees and volunteers from any liability in the event of any accident in route, during or returning from any church events and/or trips.

This authorization and release is effective for one (1) year from the date signed.

It is the responsibility of the parent/guardian to amend this form with any changes to insurance, medications, or medical information.

My child, by their signature, agrees to listen and comply with instructions from the leaders and volunteer chaperones and abide by the Policies and Procedures of Park Lake Presbyterian Church

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Child Signature*

\_\_\_\_\_  
*Date*