

North Wilkesboro Presbyterian Church Child & Youth
Participant Consent, Medical Information and Release, and Media Release

Participant's Name	Grade	Date of Birth	
Address	City	State	Zip
Parent/Guardian Name	Phone Number		

I, the undersigned parent or guardian of _____ (hereafter referred to as my child), give permission for my child to attend and participate in the North Wilkesboro Presbyterian Church's children and youth programs from **September 1, 2025 through August 31, 2026**. I understand that traveling off-site for various activities may be required and give permission for my child to travel with the North Wilkesboro Presbyterian Church Youth Group adult leaders and church staff to off-premises activities.

In the event of an accident, injury, or illness, I authorize the adult leaders or church staff to authorize any necessary medical treatment for my child. I also release the North Wilkesboro Presbyterian Church and the adult leaders, advisors, and chaperones from all liability for any injuries, claims, or damages related to the participation of my child in the North Wilkesboro Presbyterian Church children & youth programs.

(Check one of the following:)

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I **DO** hereby grant permission for North Wilkesboro Presbyterian Church to use any photographs and/or videos of my child in future publications, brochures, communications on the church website, social media pages, and other publications used by the church.

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I **DO NOT** grant permission for North Wilkesboro Presbyterian Church to use any photographs and/or videos of my child in future publications, brochures, communications on the church website, social media pages, and other publications used by the church.

Participant's Name

Parent/Guardian Signature

Date

Insurance, Doctor, & Medical Information

Insurance Company Name

Policy Name or Number

Doctor's Name

Phone Number

Special Health Conditions

Medications & Dosage (currently using)

Allergies (food, medicine, insect bites, etc.)

If unable to contact the above-listed parent/guardian, I hereby grant permission to contact:

Primary Emergency Contact Name

Phone Number

Secondary Emergency Contact Name

Phone Number