

**Lafayette Federated Church**  
180 Route 15, Lafayette, NJ 07848 973-383-4461  
**Youth Activity Parent Consent Form**  
**and**  
**Emergency Medical Release Form**

**August 31, 2019 to Sept. 1, 2020**

Emergency Medical Release (to be completed by parent or guardian)

My son/daughter, \_\_\_\_\_, has my permission to participate in the youth activities sponsored by the Lafayette Federated Church during the year noted above. I do further give my permission to teachers, leaders or other adult staff to obtain and administer such medical aid as might be required for the immediate care of my son/daughter in the event such help of an emergency nature becomes necessary. I also give my permission to include the administration of such medicines or treatment as might be ordered or administered by a duly licensed physician. It is further understood that the church, its officers, pastors, counselors, leaders or agents will not be held liable for any first-aid rendered, or treatment, drugs or medicines administered, or surgical procedure performed pursuant to this consent.

I also give permission for the youth pastor and youth leaders to provide basic biblical counseling to my child. Parents will be consulted in the event that ongoing counseling is needed.

My son/daughter is allergic to the following: \_\_\_\_\_

My son/daughter has the following medical conditions: \_\_\_\_\_

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

Address: \_\_\_\_\_

Alternate emergency contact person and phone number if you are unavailable:

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

Physician Name & Phone #: \_\_\_\_\_

Insurance Company/Policy Number: \_\_\_\_\_

**PLEASE INCLUDE COPY OF INSURANCE CARD**

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Medical Release Form