

# CHILD PERMISSION, HEALTH & RELEASE FORM

**(Please photocopy and fill out one sheet for each child.)**

If you prefer to register online, these forms are available at [pcaga.org/families](http://pcaga.org/families)

Child's Name \_\_\_\_\_ Birthday (mm/dd/yyyy) \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Mother \_\_\_\_\_ Cell (required) \_\_\_\_\_

Name of Father \_\_\_\_\_ Cell (required) \_\_\_\_\_

## Location during General Assembly

Hotel Name (during GA 2021) \_\_\_\_\_ Phone \_\_\_\_\_

## Emergency Information

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Primary Policy Holder \_\_\_\_\_

## Medical History

List any pre-existing or present medical condition(s): \_\_\_\_\_

Name and dosage of medication that must be taken: \_\_\_\_\_

## Check the following areas of concern for your child, adding necessary comments below:

Does your child have allergies to:  Medications  Food  Insect Bites  Other \_\_\_\_\_

Please explain \_\_\_\_\_

Does your child require an Epi-pen?  Yes  No Does he/she know how to use it?  Yes  No

Does your child suffer from, or has ever experienced, or is currently being treated for:

Asthma  Diabetes  Epilepsy/Seizure Disorder  Heart Trouble  Physical Handicap

Please explain \_\_\_\_\_

Does your child have any Special Needs?  Yes  No

Please explain \_\_\_\_\_

Date of last Tetanus Shot? \_\_\_\_\_

Does your child wear glasses or contacts?  Yes  No Does your child know how to swim?  Yes  No

Should your child's activities be restricted for any reason?  Yes  No

Please explain \_\_\_\_\_

**Mail completed form to:**

GA Registration, New City Fellowship, 1142 Hodiament Ave., St. Louis, MO 63112

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Child's Name \_\_\_\_\_

**Permission and Release Agreement**

My child has permission to participate in all of the activities for his/her age group that are scheduled for the 48th General Assembly in St. Louis, MO. In the event my child becomes ill or is injured while under the supervision of the Elementary or Youth staff, I approve the appropriate authorities taking the following actions:

1. Contact the parent or legal guardian and follow his/her instructions.
2. In the event of an emergency, when neither parent nor guardian can be reached immediately, the General Assembly Host Committee, or authorities of the Presbyterian Church in America are authorized to use their best judgment in contacting a physician or other health care provider and to authorize the provision of necessary medical, surgical, or other care.
3. In the event of such an emergency, I also waive any rights to privacy of any medical information related to the emergency, in order that the appropriate care might be obtained. In consideration of the General Assembly Host Committee, Missouri Presbytery and the Presbyterian Church in America (a Corporation) making available the 48th General Assembly Elementary and Youth activities, I hereby waive, release and discharge its agents, volunteers and employees from any and all claims and liability of any kind or nature. We have read the above and understand this release. Furthermore, in the event of an emergency, said care providers have our permission to administer first aid or obtain emergency medical treatment in our child's best interest. We agree to pay all expenses incurred due to an emergency involving our child.

**Photo Release:** Presbyterian Church in America and its legal representatives and assigns, retain the right and permission to publish, without charge, photographs taken during the General Assembly. These photographs may be used in publications, including electronic publications, or in audio-visual presentations, promotional literature, advertising, or in other similar ways.

**Medical Release:** While we do our best to provide the safest possible environment for our events, the Presbyterian Church in America cannot be held responsible for any medical emergencies that occur during the General Assembly.

**COVID-19 Liability Release:** The undersigned, in my capacity as parent or legal guardian, hereby acknowledge the health risks and dangers associated with the transmission of the COVID-19 virus, and other communicable diseases, and recognize that exposure to the COVID-19 virus, or other communicable diseases, could occur while my child is in the care of the elementary and/or youth workers functioning on behalf of the Missouri Presbytery at the 48th General Assembly of the Presbyterian Church in America (the "Program"). As such, and in consideration for children's and youth activities and services to be provided, the undersigned, for myself and my minor children enrolled in the Program fully assume all of the risks associated with participation in the Program, including the possibility of COVID-19 (or the novel coronavirus) community spread. I, as parent and/or legal guardian, have read and fully understand and acknowledge the contents of this release and agree that I am voluntarily waiving, releasing, indemnifying and discharging the General Assembly Host Committee, Missouri Presbytery and the Presbyterian Church in America and their respective officers, directors, employees and volunteers from any and all liability, damages, and each and every action (collectively, "claims") by participation in and/or associated with the program including, but not limited to exposure or transmission of the COVID-19 virus. I represent that I have full authority to sign on behalf of my child(ren) and that my signature binds the other parent or legal guardian having authority to make decisions on behalf of the child(ren).

My signature below is confirmation that I have read and fully understand and acknowledge the contents of the release and agree that I am voluntarily waiving, releasing, indemnifying and discharging the General Assembly Host Committee, Missouri Presbytery and the Presbyterian Church in Aamerica and their respective officers, directors, employees and volunteers from the claims. The laws of the State of Missouri will apply to this Release.

**I understand this is a Release and with that knowledge, I voluntarily sign it.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Comments \_\_\_\_\_

\_\_\_\_\_

**Mail completed form to:**  
GA Registration, New City Fellowship, 1142 Hodiamont Ave., St. Louis, MO 63112