



CHILDREN'S & YOUTH MINISTRIES

PARENT CONSENT FORM / EMERGENCY MEDICAL RELEASE FORM 2024-2025

My son/daughter, _____, has my permission to participate in the youth or children's 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.

Son/Daughter's Name: _____ Date of Birth: _____

My son/daughter is allergic to the following: _____

My son/daughter has the following medical condition or special need: _____

Parent/Guardian Name: _____ Phone #: _____

Address: _____

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

Name: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

Insurance Company: _____ Policy #: _____
(Please include a copy of the insurance card.)

Parent or Guardian Signature: _____ Date: _____

Student Signature (if 18 or older) _____ Date: _____

LAFAYETTE FEDERATED CHURCH

180 ROUTE 15, LAFAYETTE, NJ 07848 | 973-383-4461 | LFC.ORG