



# TOWSON PRESBYTERIAN CHURCH

400 W. Chesapeake Ave. Towson, MD 21204 || 410-823-6500 || towsonpres.org

## 2025–2026 Youth Health Form and Medical Authorization

### TRAVEL

*I give my child permission to travel with TOWSON PRESBYTERIAN CHURCH for the purpose of attending either Middle School or High School (circle one) youth activities.*

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY CONTACT #1

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

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### EMERGENCY CONTACT #2

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

Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

### MEDICAL

Child's Name: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade as of May 2024: \_\_\_\_\_

Allergies: \_\_\_\_\_ Current Medications: \_\_\_\_\_

Will your child need to take medicine while away with TOWSON PRESBYTERIAN CHURCH? YES / NO

Please describe any medical conditions, concerns, activity limitations, or precautions about your child:

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Insurance Information: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Phone Number: \_\_\_\_\_

I, \_\_\_\_\_, being the parent or Legal Guardian of \_\_\_\_\_, give my consent for emergency medical and surgical treatment in a licensed hospital by a licensed physician should his/her condition require it in my absence. I understand that in such a case, reasonable attempts would first be made to contact me, time and conditions permitting.

As long as the medical or surgical treatments considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific prohibitions regarding treatment unless stated here:

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I/We authorize \_\_\_\_\_ to administer either patient or prescription medicine to my child as needed according to instructions on container.

I also understand and have discussed with my child that he/she will not smoke, use drugs, or drink at any time during this activity. My child understands that unacceptable behavior (e.g., cursing, fighting, disrespecting advisors, defacing property, etc.) will not be tolerated and may be grounds for dismissal from the activity. I will be available or will make arrangements to pick up my child if he/she is asked to leave the activity for unacceptable behavior. I also understand that Towson Presbyterian Church may use a photograph of my child for such purposes as publicity, illustration, advertising, and web content.

Parent Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_