First Presbyterian Church
of River Forest

Medical Release / Permission Slip

Event: Summer Bible Camp Dates: July 13-17, 2026

Location: First Presbyterian Church of River Forest

Child's Name: _____ Date of Birth:_____

I give permission for my son/daughter to attend this event with the church. In the event of an emergency, I understand that every attempt will be made to reach me. If I cannot be reached, I hereby authorize the necessary emergency medical treatment of my child. I give permission to the staff or sponsors to secure services of a licensed physician to provide care necessary for my child's well-being. I agree that First Presbyterian Church of River Forest and its personnel shall not assume responsibility for any damages, expenses, or liability arising from any illness or injury suffered by my child during this event. I shall hold the church and its personnel harmless from such costs and expenses.

Please describe any of your child's current medications or medical conditions:

_____

_____

_____

Names and numbers to call in case of emergency:

_____

_____

Doctor's Name/Number:_____

Insurance Provider: _____ Member ID: _____

Group Number: _____

Parent's Signature: _____ Date:_____