

Pioneer VBS PM Activity Forms 2025-26

Pioneer Memorial Presbyterian Church * 35100 Solon Road * Solon, Ohio 44139

440.248.5260

I, _____, parent or legal guardian of _____, do hereby give permission for my child to travel to youth activities sponsored by Pioneer Memorial Presbyterian Church. I fully understand that my child may be riding with a church leader or parent volunteer of the church who will be attending the youth activity. I hereby release Pioneer Memorial Presbyterian Church, its staff employees and volunteer leaders from any and all liability or from any and all claims, demands or causes action related to injuries sustained by my child during the event, including the trip to and from the activity.

This permission is granted from June 20, 2026 through June 29, 2026.

Relationship _____

Signature _____ Date _____

Contact Information

Participant Name _____

Parent/Guardian Name _____

Home Address _____

Telephone Home _____ Cell _____

Email _____

Emergency Contact

Name _____ Relationship _____

Telephone Home _____ Cell _____ **Medical**

Contacts

Doctor Name _____ Phone _____

Insurance Company Name _____ Policy _____

_____ Group _____

Phone _____

Please attach a copy of your insurance card.

Medical History & Information

Name:

Birth Date: _____ Age: _____ Gender Identity: _____

Home Address:

Health History (Give approximate dates for each of the following, if applicable)

Please list any current health issues or concerns:

Please list any surgeries or serious injuries:

List all current medications including dosage:

Dietary Restrictions:

Other Pertinent medical history: _____

Immunization History (Give dates for each of the following, if applicable)

Tetanus: _____ Hep A: _____ Hep B: _____

Covid: _____

Other: _____

Medical Power of Attorney / Liability Release Form

I, _____, do hereby extend and grant full authorization and power of attorney to the staff, volunteer or designated event coordinator in attendance of Pioneer Memorial Presbyterian Church for the purpose of obtaining, permitting and authorizing medical and/or dental care and treatment, including surgery, and any other necessary medical or dental procedures, for and on my behalf of my child, _____, while on an authorized activity with Pioneer Memorial Presbyterian Church and such person, or persons, shall be fully authorized and have full power of attorney on behalf of the undersigned to execute any and all consent forms, admission papers and any other documents attendant to procuring such necessary medical or dental care and treatment.

In addition, I hereby release Pioneer Memorial Presbyterian Church, its staff, employees and volunteer leaders from any and all liability or from any and all claims, demands or causes of action related to injuries sustained during any authorized activity with Pioneer Memorial Presbyterian Church.

This release and power of attorney shall be in full force and in effect from and including June 20, 2026 - June 29, 2026.

Signature _____ Date _____

Printed Name _____

Relationship _____

Photo / Videos Consent Form

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I, _____, give consent for Pioneer Memorial Presbyterian Church to use or reproduce any photographs in which my child may appear solely for the purposes of publicity and promotion of its current and future events, activities, or programs in print and/or on the internet, including but not limited to the Pioneer Memorial Presbyterian Church website www.pioneersolon.org, Facebook, and Instagram.

Signature _____ Date _____

Printed Name _____ Relationship _____