

First Presbyterian Youth Ministry Medical & Liability Release Form 2010-2011

PLEASE COMPLETE A SEPARATE FORM FOR EACH STUDENT AND ATTACH A COPY OF YOUR INSURANCE CARD

Name of Student _____ Age _____ Birth date ____/____/____ Gender **M** **F**

Cell Phone _____ School&Class Year _____ Email Address _____

Name(s) of Parent/Guardian _____

Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____ Email address _____

Doctor's Name _____ Doctor's Phone _____

Alternate Emergency Contact _____ Phone _____

Insurance protection is the responsibility of the student's family.

Insurance Carrier _____ Phone _____

Group Number _____ Policy Number _____

Please list all allergies _____

Activity Restrictions? **YES** **NO** Please explain _____

Please indicate any serious operations or illnesses and their dates (or other medical conditions we need to be aware of) _____

Date of last tetanus shot _____

I give permission for my student to take the following medications:

Name	Purpose	Dosage	Taken When?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Liability Release: Every activity sponsored by First Presbyterian Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazard inherent in church related social activities. They also agree not to hold this church, its employees, or volunteers liable for damages, losses or injuries to the person or property of the student or the undersigned.

Medical Release: In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary. It is understood that the legal parent or guardian of this student will accept the expense of this service.

To the best of my knowledge, the information on this form is accurate and complete and I understand that I am signing for the minor listed on this form and the signature is for both medical and liability release.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

