

First Presbyterian Church Youth Participation Medical Release Form

Participant's Name _____ Birthdate _____

Event: _____

T-shirt size (only for events that will include t-shirts): S M L XL XXL

Parent/Legal Guardian Information (or participant if over 18 yrs):

If parents live at different addresses, please list parent of student's primary residence.

Name _____

Address _____
Street City, State Zip

Home Phone _____ Work Phone _____ Cell _____

Emergency contact other than Parent/Guardian:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell _____

MEDICAL INFORMATION:

Please include a copy of the front and back of your medical insurance card(s).

Health Insurance company _____ Policy # _____

Insured's name _____

Name of Child's Physician _____ Phone _____

Allergies, dietary restrictions, special needs, medical concerns of which we should be aware:

Required medications/dosage _____

Additional Information/Instructions _____

MEDICAL/LIABILITY RELEASE:

*In case of Medical Emergency, I understand that, in the event that medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff of First Presbyterian Church to secure the services of a licensed physician to provide the necessary care, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless First Presbyterian Church and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Date _____

Signature of Parent/Legal Guardian (or participant if under 18 yrs)