

MEDICAL & LIABILITY RELEASE FORM 2016-2017



PLEASE COMPLETE AND RETURN THIS FORM TO THE CHURCH. THE FORM WILL BE KEPT ON FILE DURING THE 2015-2016 YOUTH MINISTRY PROGRAM YEAR. PLEASE UPDATE ANY CHANGE IN TELEPHONE/CONTACT NUMBERS PRIOR TO ANY CHURCH SPONSORED TRIPS. **ALL PARTICIPANTS MUST HAVE A COMPLETED FORM ON FILE TO PARTICIPATE ON ANY RETREAT, MISSION TRIP, OR EVENT INVOLVING LEAVING THE CHURCH PREMISES.**

This form (1) gives permission for your child to travel away from the church on church-sponsored activities, which includes transportation in church owned or privately owned vehicles, and (2) gives the group leaders authorization to secure medical aid for your child should it be necessary.

I, _____, consent to allow _____
Parent/Guardian **Minor's name**

to be transported from and to Peace Memorial Presbyterian Church in church transportation for various youth activities. I hereby authorize any hospital, clinic, physician, doctor, nurse or technician to furnish my child, named above, any medical care treatment necessary as a result of injuries sustained or other emergency medical treatment as the circumstances require while being transported from and back to the church, and while at the place of destination. I hereby authorize a representative of the Peace Memorial Presbyterian Church to retain or acquire said medical care and treatment on my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such a person responsible for any damages rising from the giving of such consent.

Parent/Guardian Signature

Date

My child may ride with another parent or advisor in his/her personal vehicle: Yes No

MEDICAL INSURANCE CO: _____ **POLICY #:** _____

REGULAR DOCTOR: _____ **PHONE:** _____

HOSPITAL PREFERENCE: _____

PLEASE ATTACH A COPY OF YOUR CHILD'S INSURANCE CARD (FRONT AND BACK).

I understand that as a participant my child may be photographed or videotaped during normal event, camp, or mission activities and these photos/videos may be used in promotional materials and give my permission for my child's likeness to be used in such materials.

Parent/Guardian Signature

Date

STUDENT INFORMATION 2016-2017



PLEASE PRINT

Student's Name: _____

Current Grade: _____ Birthday: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Home Phone: _____

Parent/Guardian Cell Phone: _____

Receive Text Messages? Y N

Parent/Guardian Email: _____

Student Cell Phone: _____

Receive Text Messages? Y N

Student Email: _____

CARE PROVIDER INFORMATION (please provide two people to contact in case of emergency)

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Daytime Phone: _____

Daytime Phone: _____

Cell Phone: _____

Cell Phone: _____

People who may pick up your child: _____

Allergy Concerns Y N (List:) _____

Medical Concerns Y N (Explain:) _____

Medication (amount and time taken): _____

CIRCLE T-SHIRT SIZE: Youth S Youth M Youth L Youth XL S M L XL

Please provide any additional information that may be helpful to the staff of Peace Memorial concerning special circumstances involved with your child.