



Medical Release Form

Name of Youth Participant

Address

City, State

Emergency Contact

Family Doctor's Name:

Insurance Company

Birth Date

Phone Number

Zipcode

Phone Number

Phone Number

Policy Number

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Princeton Community Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signature of Parent or Legal Guardian

Date

Waiver of Liability Statement

I, the parent or legal guardian of the child listed above, release Princeton Community Church, together with adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below:

Activity

Dates of Activity

start

Thru:

Signature of parent or Legal Guardian

Date