

WESTMINSTER PRESBYTERIAN CHURCH

MEDICAL RELEASE FORM

(Please Print Legibly)

Name of Student: _____ Date of Birth _____ SSN#: _____

Address: _____ City: _____ State/Zip _____

Parent/Legal Guardian Name(s): _____

Home Phone #: _____ Mobile Phone# _____ Pager# _____

Fax# _____ E-Mail Address: _____

Father's workplace: _____ Work # _____

Mother's workplace: _____ Work # _____

Custody Restrictions: _____

Additional Emergency Contact Names & Phone # _____

Medical Information

Allergies & Food/ Drug Sensitivities _____

Medications being taken: _____

Restrictions on Activities _____

Date of last Tetanus Booster _____

Pertinent past medical history _____

Insurance Policy and I.D. # _____

Insured Name, place of employment & work # _____

Hospital preference (for non-emergency situations) _____

Primary Family Physician and phone# _____

We, the undersigned parents or legal guardians of _____, a minor, do hereby release authorization and permission is given to Westminster Presbyterian Church to furnish any necessary transportation, food, and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify Westminster Presbyterian Church its directors, employees, and agents, for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. In the event of an emergency, I hereby authorize an adult leader of this youth ministry, as an agent for me, to consent to an X-ray examination, emergency transportation, medical, dental, surgical diagnosis, treatment, or hospital care advised and supervised by a physician, surgeon, or dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. We further assume responsibility for the decision so made and the emergency care or treatment so secured for our child. We understand that, given proper time and circumstances, we will be notified by phone as soon as possible when treatment is needed or secured. Furthermore, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we assume all transportation costs involved.

Date: _____

Signatures of Custodial Parent or Legal Guardian