

First Presbyterian Church Youth Participation Medical Release Form

Participant's Name _____ Birthdate _____

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 Phone _____

Emergency contact other than Parent/Guardian:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

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 _____

Any known allergies, dietary restrictions, special needs, medical concerns of which we should be aware:

Required medications/dosage/special instructions for medication:

Additional Information/Instructions:

OTC MEDICINES: Do you give permission for your child to be given over the counter medicine as needed & directed on the label to treat non-emergency medical conditions such as a headache, stomach ache (I.e. Tylenol, antacids, Benadryl, Neosporin, etc.) while at youth ministry trips/ events? Please circle: Yes or No

PHOTOGRAPHY RELEASE: I hereby authorize First Presbyterian Church to publish photographs taken of my children for use in FPC'S print, online and video-based marketing materials, as well as other church publications. I hereby release and hold harmless First Presbyterian Church from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs or participation in church marketing materials or other FPCC publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release First Presbyterian Church, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

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.

Signature of parent/legal guardian (or self if over 18)

Date