

Clarkston First Presbyterian Church

Release Form

For Minors

Child's Name _____ Phone _____
Address _____ City _____ Zip _____
Parents Names _____
Home Phone _____ Work Phone _____ Child's Age _____ Date of Birth _____
Doctor's Name _____ Phone _____

PERMISSION TO PARTICIPATE AND RELEASE OF LIABILITY

I give permission for my son/daughter, above named child, to participate in activities at First Presbyterian and consent and agree to indemnify and hold harmless First Presbyterian Church, their agents, employees, or volunteer assistants from all claims that I or they might have arising out of my child's participation in this program which is over and above that which is covered by insurance. I have explained the meaning of the "hold harmless" to my child, and the signature below indicates his/her agreement to do the same.

Parent's/Guardian's Signature

Date

EMERGENCY MEDICAL CARE AND TREATMENT

If it should become necessary for the above named child to receive medical treatment for any reason, I understand that First Presbyterian Church maintains a medical insurance policy which covers accidents only (not sickness) "after other valid and collectible insurance," and there is a maximum single limit of \$5,000, and that the medical insurance policy of the First Presbyterian Church acts in a primary position only when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance company of First Presbyterian Church. I also accept full responsibility for the cost of medical treatment for any injury suffered or illness incurred while participating or as a result of participating in any of the activities or ministries of FIRST PRESBYTERIAN CHURCH, which is over and above that which is covered by insurance.

In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request first Presbyterian Church personnel to administer or supervise such treatment and to do any procedures that they deem necessary until such time as my child can be safely transported to a doctor or hospital.

I furthermore authorize and request that in illness or injuries not needing the treatment of a doctor or hospital that First Presbyterian Church personnel administer basic first aid and/or "over the counter" medication (such as, but not limited to, Tylenol, Advil, Mylanta, cold and allergy medication, etc.) as they judge necessary.

Parent's Signature

Date

Please fill out the next page as well

MEDICAL INFORMATION

CHILD'S NAME _____

HEALTH INSURANCE INFORMATION:

INSURANCE COMPANY: _____

GROUP NUMBER: _____

POLICY NUMBER: _____

WHOSE NAME IS THE POLICY UNDER: _____

PRESCRIPTION CARD NUMBER: _____

DOES CHILD HAVE: (YES/NO) If yes, explain.

Heart trouble _____

Lung trouble _____

Skin trouble _____

Ear trouble _____

Sinus infection _____

Diabètes _____

Allergies (Name) _____

Asthme _____

Other _____

DATE OF LAST TETANUS SHOT _____

HAS CHILD BEEN UNDER MEDICAL CARE WITHIN THE PAST THREE MONTHS?

IF SO, WHAT _____

LIST ANY MEDICATIONS AND DOSAGES _____

OTHER SPECIAL MEDICATION INFORMATION: _____
