

First Presbyterian Church Medical & Liability Form 2011-2012

Student's Name _____ Birth Date _____ Age _____
 Address _____ City _____ Zip _____
 Phone _____ Social Security Number _____
 Parents' Name _____
 In Emergency, notify _____ Phone _____
 Physician _____ Phone _____
 City _____ Zip _____

HEALTH HISTORY – Allergies & Other Conditions

_____ Insect Allergies	_____ Heart	_____ Other Allergies
_____ Frequent Upset Stomach	_____ Epilepsy	_____ Asthma
_____ Drug Allergies	_____ Diabetes	_____ Hay Fever

If you checked any of the above, please give details (i.e., include normal treatment of allergic reaction):

Date of last tetanus shot: _____

Name and dosage of any medications that must be taken: _____

Swimming Restrictions: ___ Yes ___ No If "yes," explain: _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related active activity.

Do you have health insurance? ___ Yes ___ No If "yes," name: _____
 Policy No. _____ Address _____

"In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthetic, or surgery for my son or daughter as deemed necessary."

Liability Release:

The undersigned, _____ is the parent or legal guardian of, _____ a student in attendance at functions of First Presbyterian Church, and does hereby grant permission for said student to participate in all activities, trips, and programs in connection with First Presbyterian Church. I hereby acknowledge that my student is physically fit and capable of participating in all such activities. Transportation arrangements will be made under authorization of First Presbyterian Church and the trip will be under adult supervision. Since the activity, trip, or program is arranged for the benefit of the participants, it is understood that First Presbyterian Church, its employees, and adult supervisors will exercise caution, judgment, and care, but cannot and will not be held responsible in case of accident, injury, and loss or damage of property in connection with the activity, trip, or program, and the undersigned does hereby release, acquit and save them harmless from all such claims.

The undersigned further agrees to admonish the student participant to exercise care, to be well behaved, and in all things obedient to and under the direction and control of those adults in charge.

 Signature of Parent/Legal Guardian _____
 Date

(Parent's signature must be notarized.)

Notary _____ Date _____ Seal:

State of South Carolina

County of: _____

Commissioner's Expiration:

_____/_____/_____

(please see other page)

Student/Parent Agreement

On any trip sponsored by First Presbyterian Church, drugs, alcohol and/or any tobacco products, also weapons of any sort (i.e., knives, guns) will not be permitted. If in the event that any students are found in possession or under the influence of any of the above, he/she will be sent home at the expense of the parents – either by the parent coming to pick up the student or expenses paid for any other transportation.

I, the undersigned, agree to comply with all the rules and policies stated by First Presbyterian Church and understand the penalties for any violation committed by the student. As the parent or guardian, I agree that I have all responsibility to pick up my student or pay any transportation in the event that he/she is sent home.

Student's Signature _____ Date _____

Parent's Signature _____ Date _____

Phone (day) _____

Phone (night) _____

PHOTO RELEASE

I _____ give my permission to use photographs of my son/daughter _____ in youth materials and/or publications and in materials of First Presbyterian Church.

_____ *Parent Signature*