

First Presbyterian Church
Children's & Student Ministries

MEDICAL/MEDICATION/LIABILITY RELEASE AGREEMENT

Personal Information

Name _____ Age _____
Address _____ City _____ State _____
Cell Phone _____ Email (neatly) _____
Birth Date _____ School Attending _____ Grade _____

ACTIVITY/RETREAT _____ **DATE OF ACTIVITY/RETREAT** _____

Medical Information

In Emergency, Notify _____ Phone _____
Doctor _____ Phone _____

HEALTH HISTORY: If you have a medication allergy, please list below. If you have a food allergy, please note the specific foods.

- | | | |
|--------------------------------------------|-----------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Insect allergies | <input type="checkbox"/> Food allergies | <input type="checkbox"/> Medication allergies |
| <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Frequent colds | <input type="checkbox"/> Frequent stomach upset |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Other, please explain |

Date of last Tetanus shot _____ Last physical/medical checkup. _____

Is EpiPen or an equivalent used? If so, list circumstances and treatment needed _____

Swimming Restrictions? NO YES Explain _____

Activity Restrictions? NO YES Explain _____

Medications

This section must be completed by every student attending this activity/retreat, whether or not you are bringing medications. There is a box below that can be checked if you are not bringing any OTC or prescription medications with you.

This section requires by parent and student signature for compliance.

For your own safety, and the protection of other students, you are required to list any over the counter (OTC) medications you are bringing with you, as well as any prescription medications that you are bringing. NO PRESCRIPTION OR OTC MEDICATIONS CAN BE BROUGHT TO THIS ACTIVITY/RETREAT WITHOUT THIS INFORMATION BEING SUBMITTED TO US.

Student Name Printed _____

Student agrees that under NO CIRCUMSTANCES WILL THEY SHARE OTC OR PRESCRIPTION MEDICATIONS WITH ANYONE ELSE.

- I am NOT bringing any OTC or prescription medications with me to this activity/retreat.
- I am bringing the following OTC and/or prescription medications with me to this activity/retreat**

Prescription Medications _____

Over the Counter Medications _____

Student Signature _____ **Date** _____

Parent/Guardian Signature _____ **Date** _____

***If student desires/needs assistance with taking medications, the **First Presbyterian Church Children's/Student Ministries Medication Administration Form** must also be completed.*

Insurance Information

Insurance Company Name _____ Policy # _____

Insurance Company Phone # _____ Primary Card Holder _____

Insurance Company Address _____

Consent/Release/Permission

Medical Consent: "In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Liability Release: Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I (the parent or guardian), agree to assume and accept all risks and hazards inherent in church-related activities. I also agree not to hold this church, its employees, or volunteer assistants liable for damages, losses, or injuries to the minor listed on this form.

Photos/Videos: I grant permission for FPC staff or designee(s) to use photo/videos of my child taking part in this activity for use in communications media developed by First Presbyterian Church.

Parent or Guardian's Signature _____ / _____
Date