

Youth Medical Release & Parental/Guardian Consent Form 2011 - 2012

This form is necessary to ensure that your child receives proper medical treatment in the event of an emergency.

[Note: For all participants in First Presbyterian programs under the age of 18 years.]

Child/Youth's Name _____ Birth Date _____
Parent(s)/Guardian(s) Names _____
Home Phone# _____ Work Phone ## _____
Cell Phone ## _____
Cell Phone ## _____

Any other information that may help us in get in touch with you:

Emergency Contact if a Parent/Guardian cannot be reached:

Name _____ Phone # _____ Relationship _____

Medical Information

Family Doctor/Practice _____ Phone# _____
Allergies _____
Chronic or existing diseases or medical problems (diabetes, epilepsy, etc.) _____

List medications that are currently being taken. Include prescription and non-prescription, as well as dosage amounts _____

Are all immunizations, including tetanus, current? _____

Are contacts lenses worn? _____

Additional comments or information you think we should know:

Insurance Information

Carrier/Provider _____ Phone _____

Member's Name _____ Member's ID Number _____

Group Policy Number _____

Please provide a copy of both sides of your insurance card

Parent/Guardian Consent for Emergency Medical Treatment

I/we _____ (name) _____ (name) state that I(we) am(are) the parent(s) or legal guardian(s) of _____ (child)(youth). If the above child/youth is injured or becomes ill while he/she is participating in an activity sponsored by First Presbyterian Church (the "Church"), I/we understand that every effort will be made to contact us. However, I/we hereby grant(s) permission to any Church staff member, or any adult team leader approved by Session, to authorize whatever medical care is necessary in the judgment of a licensed physician. The undersigned agrees to inform the Church if there are any changes to the child/youth's medical condition or prescriptions prior to departure.

I (we) acknowledge that activities sponsored by the Church may involve some degree of inherent or unavoidable risk and that the First Presbyterian Church does not, and cannot, guarantee the safety of participants in such activities. I (we) assume the risk of such activities, and the undersigned Parent or Guardian, and youth (if of legal age) hereby release the First Presbyterian Church from, and agree to indemnify and hold it harmless against, all claims of any nature arising from the participation of, the child/youth all in such activities.

Parent/Guardian Signature(s)

_____ **Date** _____
_____ **Date** _____

STATE OF NORTH CAROLINA
COUNTY OF MECKLENBURG

I, _____, a Notary Public of Mecklenburg County, North Carolina, do hereby certify that the following person(s) (the "Signatory(ies)") personally appeared before me this day:

_____.

I certify that *(check one of the following)*

- I have personal knowledge of the identity of the Signatory(ies); **or**
- I have seen satisfactory evidence of the Signatory(ies)'s identity, by a current state or federal identification with the Signatory(ies)'s photograph in the form of:
(check one of the following)
 - a driver's license *or*
 - in the form of _____; **or**
- a credible witness has sworn to the identity of the Signatory(ies).

The Signatory(ies) acknowledged to me that he/she/each of them has/have voluntarily signed the foregoing document for the purpose stated therein.

Witness my hand and official stamp or seal this _____ day of _____, 2011.

Notary Public

Print Name: _____
(Note: Notary must sign exactly as on notary seal)

My Commission Expires: _____

[NOTARY SEAL] **(MUST BE FULLY LEGIBLE)**