

CHILD/YOUTH MEDICAL RELEASE FORM

FIRST PRESBYTERIAN CHURCH

1028 S Belt line Rd, Mesquite, Texas 76149 (972)285-5602

Date form filled out _____

Name _____ Birthdate _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Social Security Number _____ (Is often required for treatment or admittance)

Please give the last date for the following shots (children and youth only): Are immunizations current?

Polio _____ Tetanus _____ DPT Series _____ MMR _____

Physical problems/restrictions (e.g. allergies, hyperactivity, deafness, etc.) or special needs of child _____

Medications you must take: _____ Physician's Name _____

Phone (____) _____

Medical Insurance Company _____

Phone number (s) _____ Policy Number or ID Number/Group Number _____

PARENTS/GUARDIANS PLEASE NOTE: I understand that, in case of an emergency, every effort will be made to contact parents or guardians. In the event that we cannot be reached, I hereby consent to emergency transportation, examination, x-ray, anesthesia, injection, Medical, dental, surgical diagnosis, treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where services are rendered, at a doctor's office, clinic or hospital. I, therefore, assume all responsibility for the decisions made, and the emergency care or treatment so secured for my child. I further release First Presbyterian Church, its staff and adult leaders from responsibility and liability for any injury or illness that my child may sustain during church activity or transportation involving the church activity. Also, I understand that some hospitals require notarized authorization before a child can be treated. (If this form is not signed and notarized a hospital may not treat a child/youth under age 18.)

Parent or Legal Guardian's Signature _____ Date _____

Parent or Legal Guardian's Name (Printed) _____

Work Phone _____ Cell _____ Pager _____ Other _____

In case of an emergency where the parent/guardian cannot be reached, please call:

Name _____ Relationship _____ Phone _____

Signature of Parent or Legal Guardian _____

Executed before me this _____ Day of _____ in the year of _____

State of _____ County of _____

My Commission Expires _____ Notary Public, State of Texas

***** A COPY OF INSURANCE CARD (FRONT & BACK) ATTACHED TO THIS FORM IF POSSIBLE! *****

LIABILITY RELEASE AND INDEMNITY FORM

(To be completed by parent of participant)

FIRST PRESBYTERIAN CHURCH
1028 Mesquite, Texas 75149
(972)285-5602

I, the undersigned parent or guardian of _____, a participant in the programs of First Presbyterian Church of Mesquite, do hereby agree to the fullest extent permitted by law (including releasing and indemnifying any negligent acts) to release and hold harmless the First Presbyterian Church of Mesquite, and their respective ministers, elders, trustees, staff persons, members, volunteers and other participants, whether actively participating in any activity or otherwise from any and all liabilities attendant to or arising from my child's attendance at or participation in the programs of First Presbyterian Church. I am aware that these programs may involve motor travel in a rented vehicle, or in cars owned by members, within Mesquite, or between Mesquite and other destinations. I give permission for my child to participate in trips sponsored by First Presbyterian Church.

Signature of Parent or Legal Guardian _____ Date _____

Signature of Parent or Legal Guardian _____

Executed before me this _____ day of _____ in the year of _____

State of _____ County of _____

_____ My Commission Expires _____

Notary Public, State of Texas