

RELEASE FORM PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my child to participate and receive transportation for the following activities organized by Independent Presbyterian Church.

Name of Activities: Youth Outing

Child's Full Name _____

Sex _____ Birthday _____ Age _____ Grade _____

Parent or Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____ Cell (mom) _____ (dad) _____

If not available in an emergency, notify:

1. Name _____ Phone (____) _____
Street Address _____
City _____ State _____ Zip _____
2. Name _____ Phone (____) _____
Street Address _____
City _____ State _____ Zip _____

Insurance Information:

Carrier: _____ Phone: _____

Policy Number: _____ Name on Policy: _____

Child's Physician: _____ Address: _____ Phone: _____

Child's Dentist: _____ Address: _____ Phone: _____

Please list any current medications your child is taking: _____

List any allergies, seasonal or drug related: _____

Please list any other necessary information concerning your child: _____

I understand that my personal medical and hospitalization insurance listed above will need to provide coverage in the event that any medical and hospitalization coverage is needed.

I further understand that, in the event my child requires medical or dental treatment while engaged in the activities, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activities, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Signature _____ Date _____
(Parent or Guardian)