

# Medical Release and Authorization Form

2004 - 2005 School Year

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to the staff person(s) or sponsor(s) to secure the services of a licensed physician to provide the care necessary, including anesthesia and the transportation for my child by ambulance.

Further I do hereby release First Presbyterian, its staff and its sponsors from any liability for injury or damage suffered by the young person of the undersigned, and agree to release and hold harmless First Presbyterian, its staff and its sponsors from any liability or injury and damages.

I (we) understand that the minor named below may at times be alone with an adult staff member of First Presbyterian church or a youth sponsor. I (we) give consent for my child to meet with or be with this individual when such a meeting is mutually agreed upon between the two.

Youth's Name: \_\_\_\_\_ S.S. # \_\_\_\_\_

Parent's (Guardian's) Name: \_\_\_\_\_

and signature: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

St.: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph.: (\_\_\_\_) \_\_\_\_\_

Work Ph.: (\_\_\_\_) \_\_\_\_\_ Cell Ph.: (\_\_\_\_) \_\_\_\_\_

Emergency person if above is not available: \_\_\_\_\_

Ph. No.: (\_\_\_\_) \_\_\_\_\_ Relation to youth: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Group No.: \_\_\_\_\_

I.D.#: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Member services Ph. No.: (\_\_\_\_) \_\_\_\_\_

Allergies:

Current Medications:

Existing conditions (seen or unseen) that may be important: