

Medical Release Form 2018

Please complete a separate form for each student and attach a copy of your insurance card.

Name of student _____ Age _____ Birth date ____/____/____ Gender: M F

Name of Parent/Guardian _____

Address _____ City _____ State _____ Zip _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Alternate Emergency Contact: _____

Home Telephone (_____) _____ Work Telephone (_____) _____

Insurance protection is the responsibility of the student's family

Primary Care Physician _____ Insurance Carrier _____

Group Number _____ Policy Number _____

Please list all allergies: _____

Most recent Tetanus Toxoid Inoculation: _____

Medication(s) presently using:

Name	Purpose	Dosage	Taken When?

I give permission for my student to take the following non-prescription medications as needed: _____

Please indicate dates and types of serious operations and illnesses: _____

Is this student restricted from any activities (i.e., hiking, swimming) _____

Is there anyone who is legally restricted from seeing this student? _____

As parent or guardian of the above named minor I certify to the best of my knowledge, the information on this form is accurate and complete.

Consent to Medical Treatment: In case of injury or sudden illness, I, being the parent or legal guardian of the above listed minor child, am responsible for the health care decisions for my child and consent to any medical treatment that may be deemed necessary for my child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader or attending physician to treat my child. I release Valley Presbyterian Church (U.S.A.), Inc., its directors, officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any injuries to my child arising out of any medical care received by my child. Further, I understand that I will be held liable for the expense of any treatment for my child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child.

Photo Release: I the parent/guardian of the minor participant, give permission to have images taken at VPC events used without recompense, to promote Student Ministry and VPC. (Names will never be used without parental permission.)

Permission & Release of Liability: I, being the parent or legal guardian of the above listed minor child give my permission and consent for said child to participate in the activity named above. I authorize my child to be transported to and from the activity in a vehicle driven by someone other than his or her own parent or legal guardian. I understand that VPC will abide by the Supervision and Safety Guidelines outlined in the VPC Protection Policy at all times, and that all reasonable safety precautions will be taken by the leaders of this activity but that the possibility of unforeseen risk does exist. I agree to assume and accept these inherent risks. In consideration of the opportunity given to my child to participate in the above named activity, I release Valley Presbyterian Church (U.S.A.), Inc., its directors, officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from or in any way connected to my child's participation in the activity. I further agree to indemnify, defend and hold harmless Valley Presbyterian Church (U.S.A.), Inc., its directors, officers, agents, employees, staff and volunteers from any and all claims, demands or causes of action which arise from or are in any way connected with my child's participation in the above named activity.

Disciplinary Release: I agree to pay any disciplinary expenses, including the cost of my child being sent home, if discipline is deemed necessary by the activity leader. I also understand that I will not receive a refund of activity fees.

Signature of Parent/Guardian _____ Date _____