

Name: _____
Last First



MEDICAL AND LIABILITY RELEASE FORM FOR OUTER BANKS PRESBYTERIAN CHURCH ACTIVITIES

Effective date: **June 1, 2015** through **August 31, 2016**. This form is to be completed in black or blue ink by the child's parent/legal guardian.

Date: _____

This form (1) gives your permission for your child to ride in church transportation and (2) gives group leaders authorization to secure medical aid for your child should it be necessary during the event.

I, _____ consent to allow **my son/daughter** _____
(Parent or Guardian Signature- First, Last) (circle) (Print Minor's name – First, Last)
to be transported from and to Outer Banks Presbyterian Church, in church or other transportation for various youth activities. I hereby authorize any hospital, clinic, physician; doctor, nurse, or technician to furnish my child, named above, any medical care and treatment necessary as a result of injuries sustained or other emergency medical care treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize representatives of First Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. If medication is prescribed, I hereby authorize adult leaders to administer the medication. I agree to indemnify and hold harmless Outer Banks Presbyterian Church, Kill Devil Hills, NC, its staff and volunteers from and against any and all liability and expense for personal injury and property damage or loss arising from all church-sponsored youth activities or any activities in connection therewith, including transportation, from October 1, 2012 to August 31, 2012. All of which activities I do acknowledge to be activities carried out in furtherance of the charitable purposes of the church and I do further acknowledge my said son/daughter to be the recipient of the benefits of said activities.

Parent or legal guardian's signature: _____

Date: _____

STUDENT'S NAME: _____

BIRTH DATE: ____/____/____ AGE: _____ SEX: _____

COMPLETE HOME ADDRESS: _____

STUDENT LIVES WITH (Ex. Father, Mother, Grandparent etc.): _____

NAME OF PERSON(S): _____

HOME #: (_____) _____ OFFICE #: (_____) _____

CELL #: (_____) _____

EMPLOYED BY: _____

RELATIVE'S NAME THAT COULD GRANT MEDICAL PERMISSION:

_____ HOME #: (_____)_____
OFFICE #: (_____)_____ CELL #: (_____)_____

I hereby authorize any representative of Outer Banks Presbyterian Church to grant permission for medical care for my child, _____ (child's name).

CONSENT HAS BEEN LEFT WITH THE ADULT INTO WHOSE CARE THE CHILD IS ENTRUSTED. *(It is understood that an exhaustive effort will be made to contact the parent or legal guardian of the child before treatment is given.)*

STUDENT'S DOCTOR: _____

PHONE #: (_____)_____

MEDICAL INSURANCE PROVIDER: _____

POLICY #: _____

STUDENT'S DENTIST: _____

PHONE #: (_____)_____

DENTAL INSURANCE PROVIDER: _____

POLICY #: _____

FATHER'S DATE OF BIRTH: ____/____/____

MOTHER'S DATE OF BIRTH: ____/____/____

My child has the following allergies or other special medical conditions:

My child is currently taking the following medications (prescription or OTC):

