

COMMUNITY PRESBYTERIAN CHURCH

MEDICAL EMERGENCY TREATMENT

AUTHORIZATION AND RELEASE OF LIABILITY

MUST BE COMPLETED BY ALL PARTICIPANTS.

MEDICAL

I/We give permission for my child, _____, to travel to and participate in **COMMUNITY PRESBYTERIAN CHURCH YOUTH ACTIVITIES**. In case of emergency, I hereby give permission to the licensed physician or hospital to secure proper treatment, anesthesia, or surgery for the individual named on this form. I am aware of the potential risks of personal injury to my child and his/her property (or myself and my property) as he/she (or I) participate(s) on the trip. With such knowledge I voluntarily release Community Presbyterian Church, its leaders, employees, and volunteer staff from any and all liability for damages, losses, diseases, or injuries incurred by the subject of this form, which may arise from or on account of the activities of this program.

DISCIPLINE

I agree that if the subject of this release has to return home for severe discipline violations, it will be at my/our expense.

PHOTOGRAPHY & VIDEOGRAPHY

I/We consent to the use of any video images or photographs (digital or conventional) that may be taken of the subject of this release during the event to be used, distributed, or shown as Community Presbyterian Church sees fit.

INSURANCE

I understand that my insurance coverage for my child will be used as primary pay coverage in the event medical intervention is needed. Coverage by Community Presbyterian Church through its accidental policy will be used secondarily for expenses my family's insurance does not cover.

I HAVE READ AND UNDERSTOOD THE ABOVE:

Signature of Participant

Date signed

Signature of Parent or Legal Guardian

Date signed

GENERAL MEDICAL INFORMATION

Name _____ Age _____

Address _____

City, State, Zip _____

Phone # (s) _____

Insurance Company _____

Policy Number _____

Medication you are taking _____

Allergies _____

Special Instructions _____

Emergency Contact _____

Relation _____

Phone #(s) _____