

FIRST PRESBYTERIAN CHURCH
MEDICAL RELEASE, CERTIFICATION AND AUTHORIZATION

The following information will assist the Church in providing for the safety and well being of minors who participate in Church-sponsored activities. The information will be held in confidence in the Church office or by the activity leader(s) during an event. This form is good for 1 year.

(Please Print)

Child's Name _____ Date of Birth _____

Address _____ City _____ Zip _____

Father's Name _____ Mother's Name _____

Father's Telephone: Home (____) _____
Work (____) _____

Mother's Telephone: Home (____) _____
Work (____) _____

Emergency Contact _____ Telephone (____) _____

Relationship to Child _____

Physician's Name _____ Telephone (____) _____

Health Insurance Company _____

Health Insurance Policy Numbers _____

MEDICAL INFORMATION

Is your child presently being treated for any injury or illness, or taking any medication for any reason? Yes _____
No _____ If yes, give details _____

Is your child allergic to any medication? Yes _____ No _____

Does your child have any other allergies? Yes _____ No _____

If yes, give details _____

Does your child have, or ever had: (circle and explain below)

Seizures	Asthma	Heart Murmur	Sleep Disorder
Diabetes	Hay Fever	Kidney Disease	Other

Does your child have any physical condition, illness or handicap that would prevent him/her from participating in any activity? Yes _____ No _____

If yes, please explain _____

MEDICAL TREATMENT AUTHORIZATION

I understand I will be contacted in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize such physician, hospital and/or emergency medical services as necessary in the event my child is injured or becomes ill. I understand that First Presbyterian Church of Flint will not be responsible for any medical expenses incurred, but that all such expenses will be my responsibility as parent/guardian.

I also agree to notify the Church in the event of any health changes that would restrict my child's participation in any Church-sponsored children's or youth activities. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Signature of Parent/Guardian

Date