

T-Shirt Size: (Circle one)

S M L XL 2XL

Sycamore Presbyterian Church Student Ministries

Medical, Permission & Release Form 2011-2012

(to be filled out by parents)

Full Student Name: _____
(First) (Middle) (Last)

Date of Birth: ___/___/___ Age: ___ School: _____ Grade: _____

Address: _____ Student Email: _____

Home Phone: (____) _____ Student Cell: (____) _____ Can we text you? YES NO

Names of Parents/Legal Guardians: _____

Parent/Legal Guardian Cell: (Mom) (____) _____ (Dad) (____) _____

Parent/Legal Guardian Email: (Mom) _____ (Dad) _____

Hobbies/Interests/Sports: _____

MEDICAL INFORMATION

Emergency Contact: _____ Relation to Student: _____
(A relative or friend who is willing to assume temporary responsibility for your ill/injured child if you cannot be reached.)

Home Phone: (____) _____ Work Phone: (____) _____ Cell Phone: (____) _____

INSURANCE COMPANY: _____

INSURANCE POLICY #: _____

Physician's Name: _____ Phone(____) _____

Dentist's Name: _____ Phone(____) _____

Please list any facts concerning your student's medical history including medications and any physical conditions to which the event leaders, a dentist or a physician should be alerted in the event of an emergency (this information will be held in confidence and only disclosed in an emergency), special dietary needs, etc...:

Please list any activity restrictions:

Please list any food or plant allergies:

EMERGENCY MEDICAL AUTHORIZATION

In the event that reasonable attempts to contact parents at phone numbers provided are unsuccessful, I hereby give my consent for:

- I. the treatment of the above minor by a qualified and licensed physician or dentist in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in any Sycamore Presbyterian Church sponsored event, including transportation to and from the event site. This authority is granted only after a reasonable attempt has been made to contact me.
- II. the transfer of my child to a hospital.

This authorization does not include major surgery unless the medical opinions of two licensed physicians or dentists concur in the necessity for such surgery and are obtained prior to performing such surgery.

PERMISSION AND ASSUMPTION OF RISK

I, _____, being the legal guardian of the above-named student, do hereby :

- I. Give my permission for him/her to participate in Sycamore Presbyterian Church Student Ministry Programs for the school year of August 2011- July 2012.
- II. In consideration of my student's participation in the Sycamore Presbyterian Church programming, I am fully aware of, and voluntarily assume, the risks and hazards which may be associated with traveling to and from this event and in the area of the event and with participating in or otherwise being associated with the event.
- III. I give my permission for his/her picture to be taken at church sponsored events, to be used or posted on Sycamore Church web pages and/or bulletin boards. (We will not list the student's last name.)

By my signature below, I certify that I both understand and agree with all of the point outlined above. My student is physically able to participate in Student Ministries programming and I agree to release and hold harmless the Sycamore Presbyterian Church, its staff, leadership and members from any and all liability which may present itself as a result of my participation in this event.

Parent/Guardian Signature: _____ Date: _____

Signature of Participant (If 18 or over): _____ Date: _____

This form must be completed and turned in to the Student Ministries office in order to participate in any or all Student Ministries programming.