

FAITH PRESBYTERIAN CHURCH
Medial Information and Participation Release
2009-2010

My child, _____, has my permission to participate in all Faith Presbyterian Church Youth Ministry events or activities between June 30th and September 5th, 2010 including but not limited to the special activities, service projects and small group gatherings. I understand that these events are planned and carried out by qualified leaders who have been through a back ground check by the State of California.

In the event that I can not be reach in an emergency I herby authorize a representative of Faith Presbyterian Church to make arrangements as (s)he considers necessary for this child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake treatment of this child as (s)he deems necessary. In the event that the physician is not available at this time, I authorize such care and treatment to be performed by a licensed physician or surgeon. Any and all financial charges incurred in the event of an emergency are the sole responsibility of the Parent/Guardian of the student or participant listed on this form.

In the event that ANY insurance, medical, or emergency contact information changes, it is the responsibility of the Parent/Student to update the Faith Presbyterian Church Youth Ministry Medial Information and Participation Release Form.

Signature of Parent/Guardian _____ Date _____

Emergency Contact Information

Parent/Guardian #1 _____ Parent/Guardian #2 _____
Phone/cell _____ Phone/cell _____
Alternative Contact. Name _____ Phone/cell _____

Medical Information

Physician's Name _____ Telephone Number _____
Medical Insurance Co. _____ Insurance Policy No. _____
Preferred Hospital _____

Allergies and Restrictions: please list all allergies and restrictions

Food restrictions (vegetarian and allergies) _____
Medications _____
Environmental _____