



Annual Medical Release Form

Youth Ministry

August 26, 2018 - August 31, 2019

My child, _____, may take part in retreats, lock ins, mission trips, ski trips, or any other excursions under appropriate supervision of a representative of Pine Ridge Presbyterian Church.

Home address City State Zip Code

Parent's name & DOB Home Phone Work Phone Cell Phone

Parent's name & DOB Home Phone work Phone Cell Phone

Youth's DOB Youth's Grade in School

Parent's email address

Youth's email address _____ Do you want emails from Youth Ministry? Yes No

Youth's cell phone _____ Do you want texts from Youth Ministry? Yes No

Youth's T-shirt Size (for mission trips) _____

I give Pine Ridge Presbyterian Church permission to use my child's image on publications: ___Yes ___No

*You must attach a photo copy of insurance card for treatment.

Address(es) (if different than child) _____ state _____ zip _____

Emergency Contact /relationship (in case parents cannot be reached) _____ Phone (____) _____

Medical Insurance Company Name _____ Policy Number _____

Clinic/Doctor's Name _____ Phone (____) _____

Date of child's last tetanus or booster shot _____

Name of medication(s) and dosage(s)

Reason for medication(s)

I understand that Pine Ridge Presbyterian Church, its employees, and volunteers, are not responsible for administering medication to my child, and that they are not liable if my child takes the wrong dosage of medication. I also understand that if my child attends Pine Ridge Presbyterian Church programming with a hypodermic needle, it needs to be kept in an enclosed package. If appropriate, medication may be held by a staff person or designated leader. All hypodermic needles will be kept by a staff person or designated leader. In the event that my child needs medication, my child will let a staff person or designated leader know.

List all allergies and/or diet restrictions

Specify and describe your child's special health, learning, or behavioral condition as well as any special care we may need to administer.

Authorization and Release

Authorization for Emergency Medical Treatment and Release of Liability

I, (parents/guardians) _____, _____ hereby authorize a representative of Pine Ridge Presbyterian Church to give consent for medical treatment of our child, _____, in the event of illness or injury. "I/we hereby release Pine Ridge Presbyterian Church, its employees and volunteers for any such treatment provided to my child. I/we further release Pine Ridge Presbyterian Church, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church event and/ or trips. In case of emergency, I/we understand that every effort will be made to contact me as a parent or guardian. In the event that I/we cannot be reached, I/we hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, surgery for my child. Furthermore, I/we understand that my child can be sent home for any reason. This notarized authorization is effective for the individual(s) named above for the period of August 20, 2018 through August 31, 2019.

All information must be completed. To maintain privacy, this form will be kept in the youth office and needs to be updated each year. At the end of the year, our old records will be destroyed.

Signature of Parent(s) or Guardian

I/we give permission for my child _____ to be driven to/from home before/after a youth event when needed by Christina Rees or a trained youth volunteer.

Signature of Parent(s) or Guardian