

**Memorial Presbyterian Church
STUDENT MINISTRY
Medical Information and Release Form**

NAME _____ BIRTHDATE _____
ADDRESS _____ SS# _____

IN CASE OF EMERGENCY NOTIFY:

1. _____
HOME # _____ WORK # _____
2. _____
HOME # _____ WORK # _____
FAMILY PHYSICIAN _____ PHONE _____

INSURANCE INFORMATION

NAME OF MEDICAL INSURANCE CO. _____
NAME ON POLICY _____
GROUP NUMBER _____
SUBSCRIBER NUMBER _____

Voluntary Medical Information (Voluntary)

Check the appropriate information.

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney trouble _____ Diabetes _____ Heart trouble _____ Dizziness
_____ Stomach problems _____ Hay fever
Other _____

Allergies

Foods _____ Drugs _____
Insects _____ Vegetation _____

Previous operations or serious illnesses _____
Name and dosage of current medications _____
Special diet _____
Blood Type _____ Date of last Tetanus shot _____

Childhood diseases

_____ chicken pox _____ measles _____ mumps _____ whooping cough
other _____

PERMISSION FOR TREATMENT

In the event that I/we the undersigned parent(s) or guardian(s) of _____, a minor, cannot be reached, I/we do hereby authorize adult workers for the youth group of Memorial Presbyterian Church, Elizabethton, Tennessee as agent(s) for the undersigned, to consent to any examinations, x-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel licensed under the provinces of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

RELEASE OF LIABILITY

I/We, the undersigned, do hereby release, remise and forever discharge Memorial Presbyterian Church and all adult workers for the youth group of Memorial Presbyterian Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in a church sponsored trip or event.

PHOTO/AUDIO/WEB RELEASE

Further, I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the participant during their participation in any activity, event or trip to be used, distributed, or shown as the church sees fit including but not exclusive to: slide shows, church web site, print media and local newspapers. (When used in the public realm identifying information will be used responsibly e.g. names will not be attached to specific pictures on the church web site)

(Parents or Guardians Signatures) Date _____

PARENTS ARE RESPONSIBLE FOR UPDATING THIS INFORMATION SHOULD CHANGES OCCUR.
*****Valid through December , 2009*****