

FIRST PRESBYTERIAN CHURCH MEDICAL & LIABILITY RELEASE FORM

We must have a copy of this form for each participant in our off-site Summer Day Camp for 2020. Please complete the following:

GENERAL INFORMATION:

Participant's Legal Name: _____ Birthdate: _____ Gender: _____

Participant's Address: _____

In case of emergency, please notify: _____ Phone #: _____

Primary Physician: _____ Phone #: _____

Family Insurance Company: _____ Policy #: _____

Policy Holder Name: _____ Group #: _____

Parent 1 Legal Name: _____ Phone #: _____

Parent 2 Legal Name: _____ Phone #: _____

MEDICAL HISTORTY:

Does the participant have any medical problems? If yes, please explain or check below.

Asthma Kidney Trouble Heart Trouble Diabetes Other

Previous operations or serious illness: _____

Does the participant have any allergies? If so, please describe below:

Food: _____

Penicillin or other meds: _____

Insect stings/bites: _____

Poison sumac/oak/ivy: _____

Other: _____

Does the participant require a special diet? If yes, please explain:

Continue to reverse side...

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS, should the need arise:

Name of medications and directions for uses (i.e. Tylenol, Motrin, etc.) _____

PERMISSION FOR TREATMENT AND DISCHARGE/LIABILITY RELEASE:

I, the undersigned, hereby give permission for my child to participate in all activities and events sponsored by First Presbyterian Church during the Summer Day Camp.

I, the undersigned, hereby give permission to the physician selected by the sponsors of First Presbyterian Church to hospitalize, and secure proper treatment for the above named participant in the case of serious illness or injury when legal guardians cannot be reached. I hereby give permission for any such treatment to be rendered, and I agree to bear the total cost of any such treatment.

I, the undersigned, therefore agree to assume as an explicit condition of my child's participation, any and all risks. I agree to hold harmless the sponsors, First Presbyterian Church, and any other group* from any and all inabilities, claims, demands, and causes of action, whatsoever, which may arise due to the participation of the person listed above during any events of the Summer Day Camp.

I, the undersigned, agree that the information contained within this form is accurate and without error or exemption. I also accept responsibility for any omitted information not requested otherwise. If any changes or additions need to be made, I will contact the Coordinator.

*Any other group, as used in this document, means any and all volunteers, property owners on which camp activities occur, and anyone else who contributes time, supplies, or funding for the camp's operations.

In addition, we are aware of the risks of the Covid-19 virus and agree to hold harmless First Presbyterian Church, and any other personnel in the event of an injury, illness, or contraction of the virus.

SIGNATURES:

PARENT/GAURDIAN SIGNATURE: _____

Today's Date: _____