

2007-2008

MEDICAL RELEASE AND LIABILITY RELEASE

First Presbyterian Church 230 West Rusk, Tyler, TX 903.597.6317

*I give my child/student permission to take part in the **Student Ministries Activities and Events** sponsored by the **FIRST PRESBYTERIAN CHURCH of TYLER, TEXAS.***

In the event that he or she is injured while participating, I do hereby authorize and consent to any X-Ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any licensed medical staff member. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment; may deem advisable. It is understood that effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

I understand the nature of the event(s) and to hereby release First Presbyterian Church of Tyler, Texas, its staff, members or sponsors from any liability for my child in conjunction with this event.

Signature of Parent/Guardian

Date form completed

PERSONAL INFORMATION

Student's Full Name _____ Date of Birth ___ / ___ / ___ Sex _____

Address _____ Phone (____) _____

City _____ State _____ Zip _____

Grade in Fall _____ School _____

IN CASE OF EMERGENCY NOTIFY:

Full Name _____ Work (____) _____ Cell(____) _____

Address _____

City _____ State _____ Zip _____

Are there any special physical problems of which we should be aware (allergies, etc.)

List medications that you are taking on a regular basis and amounts:

Physician's Name _____ Phone number (____) _____

Insurance company _____

Phone number (____) _____ Policy Number or ID Number _____