

## St. Paul's Presbyterian Church Medical Authorization Form

Group Name: St. Paul's Presbyterian Church Children & Youth

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Youth: Age \_\_\_\_\_ Grade \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Adult: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Allergies/Special Health Concerns/Medications/Dietary Needs \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

Surgery or serious illness history \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Insured's Name \_\_\_\_\_

Policy Number \_\_\_\_\_ ID Number \_\_\_\_\_

Employer Name \_\_\_\_\_ Ins. Co. Phone \_\_\_\_\_

**Parents:** My child may participate in activities with the above stated group, including travel during the event via church vehicle or private auto driven by an adult chaperone/leader who is age 25 or older with a valid drivers license. I give permission for my child/myself to receive emergency medical care if necessary. I give the adult chaperones/leaders the authority to act on my behalf with respect to my child's/my own health and safety while at an event, with the understanding that I/emergency contact listed below will be contacted as soon as possible should the need arise. I accept full responsibility for any expenses for medical treatment for my child/myself. I release St. Paul's Presbyterian Church and its representatives from liability in the event of accidental injury or illness.

Effective Dates: July 1, 2008 – December 31, 2008

Signature (Parent/Guardian or Adult age 21 or over) \_\_\_\_\_

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contacts: Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## Photo Release

**Parents & Adult Participants:** Please sign the following agreement:

I understand that participants' names with contact information may be released only to other participants and the St. Paul's Presbyterian Church office. I also understand that photos or videos of my child/myself, and possibly other family members, taken for church purposes, may be used for promotional purposes, including the church's website, and historical records unless indicated otherwise here:

Contact Information: \_\_\_\_\_ Acceptable \_\_\_\_\_ Not acceptable

Photo/Video: \_\_\_\_\_ Acceptable \_\_\_\_\_ Not acceptable

Parent/Guardian or Adult(21 or over)

Signature \_\_\_\_\_ Date \_\_\_\_\_