

**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 (Eric Farquhar, Kathleen Mackie, Katherine Potter, Callie Gross, Karen Barys, Lorrie Nelson) 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, 2009 through December 31, 2009

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 _____