

Attention All Parents!

Please complete and return this form to the church, attention youth ministry. The form will be kept on file during the 2003-2004 youth ministry program year. Please update any change in telephone / contact numbers prior to any church sponsored trips. *All youth participants must have a completed form on file in order to participate on any retreat or event involving travel!*



MEDICAL & LIABILITY RELEASE FORM

Second Presbyterian Church
5 North Fifth Street
Richmond, VA 23219

www.2presrichmond.org (this form will hopefully be available online)

FAX: 804.643.7432

This form (1) gives your permission for your child to ride in church transportation and (2) gives the group leaders authorization to secure medical aid for your child should it be necessary.

I, _____, consent to allow _____
(Parent or guardian) (Minor's name)

to be transported from and to Second Presbyterian Church in church transportation for various youth activities. I hereby authorize any hospital, clinic, physician, doctor, nurse or technician to furnish my child, named above, any medical care treatment necessary as a result of injuries sustained or other emergency medical treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize a representative of the Second Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I can not be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such a person responsible for any damages arising from the giving of such consent.

Signature of parent(s) or legal guardian(s) _____ Date _____

Address _____
City _____ State _____ Zip _____

Home Phone _____ Bus. Phone _____ Cell phone _____

Please list any health problems or allergies:

Please list any and all medications (name, dose, prescribing doctor)

CHILD'S SOCIAL SECURITY #: _____ DATE OF BIRTH _____

MEDICAL INSURANCE CO: _____ POLICY # _____

REGULAR DOCTOR: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____