

# RELEASE FORM

First Presbyterian Church in North Palm Beach

## PERSONAL INFORMATION

Name: \_\_\_\_\_ Grade/School: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Parent/Guardian: \_\_\_\_\_ Home Phone:(\_\_\_\_\_) \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone:(\_\_\_\_\_) \_\_\_\_\_ Cell Phone:(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## INSURANCE INFORMATION

*ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM.*

Insurance Co.: \_\_\_\_\_ Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Relationship to Policy holder: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_ Insurance Co. Phone:(\_\_\_\_\_) \_\_\_\_\_

## PERSONAL MEDICAL INFORMATION

Physician's Name: \_\_\_\_\_ Physician's Phone:(\_\_\_\_\_) \_\_\_\_\_

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all medications taken on a regular basis and/or any brought with you to Camp (prescription medications MUST have a pharmacy label and name of doctor): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all operations/serious injuries and dates within the past 5 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

**Please read and initial each section.**

**PARENTAL CONSENT \_\_\_\_\_**

I, the parent/guardian, give full permission for my child to attend and participate in all activities associated with First Presbyterian Church in North Palm Beach.

**EMERGENCY AUTHORIZATION \_\_\_\_\_**

I hereby give permission to medical personnel selected by First Presbyterian Church in NPB, or camp staff, to order X-rays, routine tests and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth function.

**MEDIA RELEASE \_\_\_\_\_**

I, the parent/guardian, give permission to First Presbyterian Church in NPB, its employees, and volunteers to photograph and/or film my child, and use any footage or photographs in connection with any publications, recordings, or other media, unless otherwise specified below.

\_\_\_\_\_ I do not give permission for my child to be photographed or filmed.

**LIABILITY RELEASE \_\_\_\_\_**

I, the parent/guardian, understand that by signing this consent form, I agree to waive and release any rights and claims for damages against, and hold harmless First Presbyterian Church in NPB, and all their employees and volunteers from and against any and all injuries or damages which may result from or arise out of my child's participation.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_