

True Student Ministries

Student/Child Medical Release Form

_____ Name of student (Last, First)	_____ Activity Name
_____ Street Address, City, State & Zip	_____ Date
_____ Parent/ Guardian Names	_____ Gender Age & Grade
_____ Emergency Contact (name/relationship)	_____ Phone # DURING ALL EVENTS
_____ Students Physician & Phone #	_____ Phone # DURING ALL EVENT
_____ Insurance Policy Holder Name	_____ Insurance Covering Participate
_____ Policy Number	

Does participant have any allergies or medical conditions? Please list them:

Is participant currently taking any medications? Please list them and instructions:

PLEASE READ CAREFULLY – RELEASE MUST BE SIGNED

Emergency Authorization (form above)

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the staff, leaders, assistant leaders or chaperones acting in the capacity of activity supervisors/ vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.

Waiver of Liability and Disclaimer

I the parent, or guardian, of the above named individual acknowledges that participation in energetic activities and/ or events necessarily involves risk of physical injury. I further acknowledge that the programs of the Student/ Children's Department are primarily administered by volunteers, rather than paid professionals. I further acknowledge First Presbyterian Church Oceanside is only a secondary insurance. If I have medical insurance, my carrier will be billed for medical charges in the case of illness or injury. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the Children's Ministry, Student Ministry, First Presbyterian Church Oceanside and their employees or those supervising responsible from any claims arising out of or relating to any physical injury or material loss that may result to said individual while participating. Including physical injury by negligence of any volunteer or representative while supervising or chaperoning. I understand that adequate precaution will be taken for the safety of my child at all times. I also consent for my child's picture or likeness to be used in promoting First Presbyterian Church Oceanside, including but not limited to it's websites and newsletters.

Parent/Guardian Signature (if 18 or under)

Student Signature

