

# *First Presbyterian Church of Fullerton*

## Medical Release

Valid September 1, 2009 through August 31, 2010

### Contact Information:

Name of student \_\_\_\_\_ Birth date \_\_\_\_\_

Grade (Fall 2009) \_\_\_\_\_ male or female (circle)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Home E-mail \_\_\_\_\_ @ \_\_\_\_\_

Parent(s)/guardian(s) full name(s) \_\_\_\_\_

### Emergency Information: (other than parent)

In emergency notify \_\_\_\_\_

Relationship to minor \_\_\_\_\_

Emergency phone (\_\_\_\_) \_\_\_\_\_

Alternate phone (\_\_\_\_) \_\_\_\_\_

Doctor \_\_\_\_\_ City \_\_\_\_\_

Dr. Phone (\_\_\_\_) \_\_\_\_\_

### Health Information:

Allergies: Drugs\_\_ Hay Fever\_\_ Insect Stings\_\_

Other Allergies\_\_ specify: \_\_\_\_\_

Chronic Asthma\_\_ Frequent Stomach Aches\_\_ Epilepsy\_\_

Diabetes\_\_ Physical Handicap\_\_ Heart Condition\_\_

If any of the above are checked, please explain \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Name & dosage of any medications that must be taken:

\_\_\_\_\_

\_\_\_\_\_

## Photo Release:

If you choose to allow your son or daughter's photograph to be used for First Presbyterian Church, please sign \_\_\_\_\_

*\*If you will not allow us to use your son/daughter's photograph please do not sign*

## Insurance Information:

*If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is in camp or a participant at an event/activity.*

Do you have health insurance? Yes \_\_\_ No \_\_\_

If yes, please give company information:

Insurance name \_\_\_\_\_

Policy number \_\_\_\_\_

Phone number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Group # \_\_\_\_\_

*In the event I cannot be reached in an emergency during any children's activity, I hereby give my permission to the physician or dentist selected by First Presbyterian Church of Fullerton to hospitalize, to secure proper treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary.*

## Liability Release:

We feel that our children's activities at First Presbyterian Church of Fullerton are well supervised and safe; however, no activity is without the possibility of unforeseen hazards. Certain children's activities have the inherent possibility for risk; therefore, we want to alert parents, guardians, and individuals of them. By signing this form the parent, guardian or individual agrees to assume and accept all risks and hazards inherent in children's activities. The signer also agrees not to hold First Presbyterian Church of Fullerton and/or its owners, agents, or employees liable for damages, losses, or injuries to the person(s) or property undersigned. The parent or guardian understands he/she is signing for the minor listed on this form and that the signature is for both a medical and liability release.

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or guardian printed name \_\_\_\_\_

Revised 8/09

## First Presbyterian Church

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[www.fpc-fullerton.org](http://www.fpc-fullerton.org)