

CENTRAL YOUTH MEDICAL EMERGENCY RELEASE FORM ~ 2010-2011

CENTRAL PRESBYTERIAN CHURCH

402 Kimbark Street, Longmont, CO 80501 Phone: 303-776-6833 Fax: 303-776-7072

STUDENT INFORMATION

Student Name _____ Emergency Contact _____
Birthdate (mo/day/yr) _____
Gender: Male Female
Grade _____ School _____ Emergency Phone _____
Address _____
City, Zip _____
Home Phone _____

PARENT #1

Relationship _____
Name _____
Address _____
City, Zip _____
Home Phone _____
Fax _____
Pager _____
Cellular _____
E-Mail _____
Work Place _____
Work Phone _____

PARENT #2

Relationship _____
Name _____
Address _____
City, Zip _____
Home Phone (____) _____
Fax _____
Pager _____
Cellular _____
E-Mail _____
Work Place _____
Work Phone (____) _____

MEDICAL INFORMATION

Insurance Co. _____ Policy # _____
Physician _____ Physician Phone _____

Medical History (Allergies, drug reactions, etc., which may be needed in any treatment)

MEDICAL RELEASE

By filling out and signing this form, you give permission for your child to participate in programs or activities authorized by and carried out under the supervision of the Children's Ministry of Central Presbyterian Church for the time period of June 1, 2010 to May 31, 2011. You also authorize any emergency medical treatment necessary as a result of participation in the programs or activities. Please verify that the above information is correct.

I, _____ am the parent/guardian of _____.

I give my permission for _____ to participate in Central Presbyterian Church's Ministry programs and activities for the time period of **June 1, 2010 to May 31, 2011** and accept full responsibility for my child's participation. I also authorize and consent to any emergency X-Ray examination, medical diagnosis or treatment that may be necessary, provided it shall be under the general or special supervision and on the advice of our family physician or, if it is not practical to reach our family physician, any nurse, emergency medical technician, or physician licensed to practice medicine.

Parent #1 Signature _____ **Date** _____

Parent #2 Signature _____ **Date** _____