

# MEDICAL AND LIABILITY RELEASE FORM

## South Aiken Presbyterian Church – Children and Families

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

I, \_\_\_\_\_ consent to allow **my son/daughter/grandchild** \_\_\_\_\_ to be transported from and to South Aiken Presbyterian Church in church or other transportation for the **off-site trips in 2009-2010**. I hereby authorize any hospital, clinic, physician; doctor, nurse, or technician to furnish my child, named above, any medical care and treatment necessary as a result of injuries sustained or other emergency medical care treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize representatives of South Aiken Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such person responsible for any damages arising from the giving of such consent.

Signature of Parent/guardian/grandparent \_\_\_\_\_  
**Member of South Aiken Presbyterian? YES NO**

**PARENT/GUARDIAN INFO:**

(Parent/Guardian) Name- First, Last \_\_\_\_\_

Address \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_

Mom Cell Phone \_\_\_\_\_ Dad Cell Phone \_\_\_\_\_

Parent E-mail address \_\_\_\_\_

Additional Parent E-mail Address \_\_\_\_\_

*Child Resides with:* Both Parents Mother Father (circle one) OR Other \_\_\_\_\_ (fill in blank)

Please provide additional contact information for non-custodial parent or guardian below:

Name and Address \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Is your youth covered by medical/hospitalization insurance? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, the following information is necessary along with **a copy of your insurance card front and back:**

Youth's Date of Birth \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_  
and Phone Number \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_  
and Phone Number \_\_\_\_\_

If applicable:

Mother/Guardian Place of Employment \_\_\_\_\_  
and Business Phone Number \_\_\_\_\_

Father/Guardian Place of Employment \_\_\_\_\_  
and Business Phone Number \_\_\_\_\_

(Please list any allergies or special medical problems here)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the church to post pictures from the event on bulletin boards, in newsletter, or on website. Yes No