

SPRING HILLS YOUTH MINISTRY MEDICAL RELEASE

Youth Name: _____

Male: Female: DOB: _____ Age: _____ Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____ Cell: _____

Mother's Name: _____ Cell: _____

MEDICAL HISTORY:

If applicable, please describe the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject and of which the staff and/or volunteer staff/chaperone should be aware, and what, if any action of protection is required on account thereof. **Please submit this notification in writing and attach to this form. Please include names of medications and dosages that must be taken.**

ALLERGY INFORMATION:

Food: _____ Medications: _____

Insects: _____ Other: _____

ADDITIONAL INFORMATION:

If your child has a physical limitation or requires special assistance please explain on back.

Are all immunizations current? Yes: No: Date of last Tetanus: ____/____/____

Name of child's physician: _____ Phone: _____

INSURANCE INFORMATION:

Insurance Company: _____

Policy / Group#: _____

Insurance Phone: () _____

Primary Insured: _____ Relationship? _____

YOUTH ACTIVITIES:

Youth activities may include, but are not limited to the following: cookouts, swimming, laser tag, football, basketball, soccer, baseball, camping, skiing, hiking, miniature golf, hayrides, retreats, summer camps, mission trips (domestic or international), and other travel and various retreats. **Should your child's activities be restricted for any reason please explain your wishes in writing to the church youth director prior to the event here:** _____

PHOTO & VIDEO CONSENT:

I give my permission for pictures/videos to be taken of my child for the purposes of Spring Hills Presbyterian Church and youth group functions that may be posted on the church website or the youth group Facebook page to promote youth activities.

Parent / Guardian Signature: _____ Date: ____/____/____

MEDICAL RELEASE CONSENT:

This youth medical release and permission form gives permission to seek whatever medical attention is deemed necessary, and releases Spring Hills Presbyterian Church of Byrnes Mill, Missouri (Missouri Presbytery, PCA) and its staff or volunteers of any liability against personal loses of named child.

I/We the undersigned have legal custody of the youth named on this consent, a minor, and have given my/our consent for him/her to attend events being organized by Spring Hills Presbyterian Church of Byrnes Mill, Missouri (Missouri Presbytery, PCA). I/We understand that there are inherent risks involved in any ministry or event, and I/We hereby release Spring Hills Presbyterian Church of Byrnes Mill, Missouri (Missouri Presbytery, PCA) its ministers, staff, employees, agents and adult volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor or ambulance, I/we consent to any reasonable medical treatment deemed as necessary by a licensed physician. In the event treatment is required from a physician and/or a hospital or ambulance, staff designated by Spring Hills Presbyterian Church of Byrnes Mill, Missouri (Missouri Presbytery, PCA), I/we agree to hold Spring Hills Presbyterian Church of Byrnes Mill, Missouri (Missouri Presbytery, PCA) free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We also acknowledge the I/we will be ultimately responsible or the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided on this form, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the youth named on this form. I/We also agree to bring my/our child home at my/our own expenses should he/she become ill or if deemed necessary by the youth director, volunteers or staff members of Spring Hills Presbyterian Church of Byrnes Mill, Missouri (Missouri Presbytery, PCA).

_____ Date: ____/____/____
Parent / Legal Guardian Signature

Print Name

This form must be completed in full and turned in to the youth director prior to the event.