

First Presbyterian Church

Associate Reformed Synod, Lake Wales, Florida, Inc.
16 N. 3rd Street, Lake Wales, FL 33853
863-676-0711



(This form should be completed for each offsite event, and a copy should be taken on each trip.)

Name of activity: _____ Date: _____

Child's Name: _____

Date of birth: _____ Age: _____ Sex: _____

Address: _____

Phone number: _____

I, _____ (printed name of parent/guardian) being the parent or legal guardian of _____ (printed name of minor) have been informed of the above activity/trip sponsored by (or participated in) First Presbyterian Church and hereby give my consent for my minor child to participate in this activity.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold First Presbyterian Church its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

MEDICAL RELEASE PORTION:

Being the **parent or legal guardian** of _____ (minor's printed name), I _____ (parent/guardian's printed name) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make the decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian, I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Minor's date of birth: _____

Parent/Guardian Signature: _____ Date: _____

Please fill out the back of this form.

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Emergency Contact Name & Phone: _____

Emergency Contact Name & Phone: _____

Medical Insurance Information:

Insurance Company's Name: _____

Policy or Plan Number: _____

Member ID: _____

Phone Number: _____

Considering medical privacy issues:

You have the option to list any allergies or medical conditions we or attending medical personnel should be aware of: _____

You have the option to list all medications you will be bringing with you that the medical personnel may need to know about in case of an emergency:

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Name: _____

Date of birth: _____ Age: _____ Sex: _____

Address: _____

Phone number: _____

I, _____ (printed name) have been informed of the above activity/trip sponsored by (or participated in) First Presbyterian Church and choose to participate.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I further agree not to hold First Presbyterian Church its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by me.

MEDICAL RELEASE PORTION:

I _____ (printed name) do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary should I be injured. Further, I understand that all efforts will be made to obtain my approval prior to treatment. In the event I am not conscious or lucid, I give permission to the activity leader to make the decisions necessary for treatment should my emergency contact be unavailable. Should there be no activity leader available, I give permission to the attending physician to treat me. I further understand that the doctors, dentists, and other providers attending will take all reasonable safety precautions during their care.

Further, I am responsible for any health care decisions I may make and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

Signature: _____ Date: _____

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