

Medical Release Information

I, _____, the parent of _____ (if under age 18) **or**; I, _____ (if 18 or older) hereby willingly consent to participation in Covenant Youth trips/activities. In the event of injury or illness requiring URGENT medical attention while attending youth events, I consent to reasonable emergency medical treatment as deemed necessary. This consent includes permission granted to the adult supervisors and leaders of Covenant Presbyterian Church Youth to make decisions regarding administration of first aid or medications when required for injury or illness. In the event that a parent cannot be reached to obtain consent requested for specific treatment of a minor child by medical professionals, or in the event that a youth program participant who is 18 years of age or older cannot give consent due to incapacitating illness or injury, I hereby authorize the adult supervisors and leaders of Covenant Presbyterian Church Youth program to give such consent.

In the event it becomes necessary for a Covenant Presbyterian Church Youth leader to give consent for me, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by health insurance.

Health Insurance Company _____

Policy or Group # _____

Policy Holder's employer _____

Name of Policy Holder _____

Policy Holder's SSN _____

Insurance Company Phone Number _____

Youth Participant Info

Current medications _____

Allergies _____

List any significant past or present medical concerns (example: asthma, diabetes, etc.) _____

List any dietary restrictions _____

Date of most recent Tetanus shot _____

Emergency Contact Info

Emergency Contact Name: _____

Relationship to child/youth: _____

Cell phone: _____ Home phone: _____

Primary Doctor name: _____ Doctor Phone: _____

Name of Practice: _____

Hospital associated with: _____

Photo Release & Transportation Agreement

I _____ give permission to **Covenant Presbyterian Church** to make photographs, video, and audio recordings of my child in context of my child's participation in the church's ministry. I understand that these recordings and photographs will be

used only in programs, printed materials, internet, or other legal purposes of Covenant Presbyterian Church.

Covenant Presbyterian Church also has my permission to transport my child (named above) on planned local trips away from campus and out of town trips. I understand that all precautions will be taken to ensure the safety and health of my child. In signing this I acknowledge that I will not hold the church, its chaperones, or its drivers responsible in the event of an accident.

Liability Release Form

I/We understand that there are inherent risks involved in any youth trip or activity, and I/We hereby release Covenant Presbyterian Church, its staff and volunteer workers from any and all liability due to injury, loss, or damage to person or property that may occur during the course of my/our involvement with these trips or activities.

YOUTH participant printed name

YOUTH participant Signature

Today's date _____

PARENT/GUARDIAN Printed name

PARENT/GUARDIAN Signature

Relationship to youth _____

Today's date _____

Please attach a legible copy of your Health Insurance ID card(s) - Front & Back

