

FAITH PRESBYTERIAN CHURCH, PCA
YOUTH MINISTRY

1811 Dutch Fork Rd, Irmo, SC 29063

(803) 732-1234

MEDICAL RELEASE FOR 2010 YOUTH TRIPS

I, _____, hereby give my permission to Faith Presbyterian Church, its staff and sponsors to care for my student during any or all outings, events, conferences or retreats for the **year of 2010**. I understand that my student must still register for each event through the Youth Ministries office and are under no obligation to attend any or all of the opportunities offered. I also understand that in the event of an emergency every effort will be made to contact me. However, if medical treatment is required and I can not be reached, I hereby grant my permission to the youth pastor or youth staff person to secure services of a licensed physician and he/she is allowed to give whatever medical treatment he/she deems necessary.

I do hereby release Faith Presbyterian Church, its staff and sponsors from any and all accident or injury liability related to these activities, including transportation.

Parent or Legal Guardian Signature Date

Legal Name of Son or Daughter

Date of Birth

Emergency Phone Numbers: 1.Name: _____ Number: _____

2.Name: _____ Number: _____

(Alternate Contact) 3Name: _____ Number: _____

Insurance Company

Name Under _____ Phone Number _____

Address

HEALTH HISTORY

Date of last Tetanus Shot _____

Please check YES or NO if you have any current or past health problems in the following areas:

____ Allergies	____ Glasses	____ Neurological
____ Asthma	____ Headaches	____ Muscular
____ Heart Disease	____ Psychiatric	____ Circulatory
____ Hypertension	____ Skin	____ Other _____
____ Diabetes	____ Skeletal	_____
____ Blood Problems	____ Respiratory	_____
____ Dizziness	____ Gastrointestinal	Allergies to Medicine _____

Please give details of any items marked YES OR

This information will be kept confidential except in the use of medical treatment.
