

MEDICAL RELEASE FORM

First Presbyterian Church Middle School SHIFT Activities
2023 - 2024

I/We give my/our permission for (student name) _____ to participate in any activity sponsored by Student Ministries of First Presbyterian Church during the dates listed above. In anticipation of the value of this activity for the above named student, I/we wish to make it clear that we understand that First Presbyterian Church, Spokane, Washington, and leaders of the trip are hereby relieved from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and absolve the church and leaders and hold them harmless from any claim of demand which might be asserted in connection with any activity during this time period

In case of medical emergency, I/we hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by a leader of this activity and efforts have been made to contact the participant's parents. I/we assume full responsibility for such care.

Student's name: _____ Age _____

STUDENT HEALTH INFORMATION

Please indicate any medications your student takes: _____

Allergies (food, medications, bees etc.): _____ How to intervene? _____

Please list any health concerns or conditions of which we should be aware (diabetes, asthma, epilepsy, etc): _____

Parent's Name (please print) _____

PARENT'S SIGNATURE _____

MEDICAL INSURANCE

Name of insurance company: _____

Group number: _____ ID number _____

Policy holder's employer: _____

Name of policy holder: _____

Family physician's name: _____ Best Phone # _____

Parent's home phone # _____ Mom Cell# _____ Dad Cell # _____

Alternate contact name _____ Phone # _____