

CARMEL PRESBYTERIAN CHURCH STUDENT MINISTRIES MEDICAL RELEASE

Trip Name/Activity HS Hume Winter Date(s) Jan. 12-15 Year 2024

Student's Name _____ Birth Date _____ M ___ F ___ Grade _____ School _____

Address _____ City _____ St _____ Zip _____ Student Cell _____

Parent/Guardian Name _____ Parent Email _____

Parent Cell _____ Parent Cell _____ Parent Home Ph _____

Emergency Contact _____ Relationship _____ Ph _____

Medical Insurance Company _____ Policy # _____

Family Physician _____ Ph _____

Last Tetanus Immunization _____ Will you allow blood transfusions? Yes ___ No ___ Initial _____

Current Medications (incl. psychiatric) _____

Comments on Medical Info _____

Should this student's activities be restricted for any reason? Yes ___ No ___ If "yes", please explain: _____

Please check the following areas of concern for this student:

1. For your student's safety and for our knowledge, rate your child's swimming ability: Good ___ Fair ___ Little to None ___

2. Allergies: Hay Fever ___ Drugs ___ (list below) Asthma ___ Food ___ (list below) Insect Bites ___ Other ___

Allergy Specifics: _____ Does this student require an EpiPen? _____

3. Does this student suffer from, or has he/she ever experienced, or is he/she currently being treated for:

Epilepsy/Seizure: ___ Heart Trouble: ___ Diabetes: ___ Other: _____

MEDICAL RELEASE: I hereby authorize the treatment of the above minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said child is participating in any church program including transportation to and from that program. This authority is granted only after a reasonable attempt has been made to contact me. _____ Initial

TRANSPORTATION RELEASE: I also give my permission for my child to be transported to and from church sponsored activities in a church, private, or rental vehicle. _____ Initial

PERSONAL BELONGING RELEASE: I realize that Carmel Presbyterian Church is not responsible for personal belongings. _____ Initial

PHOTO RELEASE: I give my permission for videos/photos of my child to be used on the church website, in promotional material and on church social media. _____ Initial

DISCIPLINE RELEASE: In the event of inappropriate student conduct, I authorize the staff to send my student home at my (the parent's) expense. _____ Initial

GENERAL RELEASE: A member of the immediate family of the undersigned desires to participate in various programs, events or activities (hereinafter collectively referred to as "activities") operated or sponsored by Carmel Presbyterian Church, (hereinafter referred to as the "Church"), including the activities named on this form. A member of the immediate family of the undersigned realizes that the undersigned student may incur personal injury or bodily damage while participating in such activities, and acknowledge that the Church, its officers, directors, employees, its agent and any parties volunteering on behalf of the Church, shall be held harmless from all actions, claims, costs, expenses, damages of any kind, growing out of, or related to, any activity of the Church in which a member of the immediate family of the undersigned participates. A member of the immediate family of the undersigned further acknowledges that this is a full and complete release for all injuries and damages which a member of the immediate family of the undersigned may sustain as a result of a member of the immediate family of the undersigned's participation in any of Carmel Presbyterian Church's activities.

I, _____ being the legal guardian of _____ give my
(Parent/Guardian) (Student)

permission for him/her to travel to and to participate in the event(s) identified on this form under the direction of Carmel Presbyterian Church Student Ministries.

Signed: _____ Dated: _____
(Parent/Guardian)