

# CARMEL PRESBYTERIAN CHURCH STUDENT MINISTRIES MEDICAL RELEASE

Trip Name/Activity Hume Lake Winter Camp Date(s) Jan 13-16 Year 2023  
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)