

## ATTENTION ALL PARENTS

Please complete and return this form to the church, attention youth ministry. The form will be kept on file during the 2014-2015 youth ministry program year (September 2014 – August 2015). Please update any change in telephone number/contact numbers prior to any church sponsored trips. **All participants must have a completed form on file in order to participate on any retreat, mission trip, or event involving leaving the church premises.**

## MEDICAL & LIABILITY RELEASE FORM

**Saint Luke's Presbyterian Church • 1978 Mt. Vernon Rd • Dunwoody, GA 30338**

**FAX: 770-393-3278 • Phone: 770-393-1424**

This forms (1) gives permission for your child to travel away from the church on church-sponsored activities, which includes transportation in church owned or privately owned vehicles, and (2) gives the group leaders authorization to secure medical aid for your child should it be necessary.

I, \_\_\_\_\_, consent to allow \_\_\_\_\_  
(Parent or guardian) (Minor's name)

to be transported from and to St. Luke's Presbyterian Church in church transportation for various youth activities. I hereby authorize any hospital, clinic, physician, doctor, nurse or technician to furnish my child, named above, any medical care treatment necessary as a result of injuries sustained or other emergency medical treatment as the circumstances require while being transported from and back to the church, and while at the place of destination. I hereby authorize a representative of the St. Luke's Presbyterian Church to retain or acquire said medical care and treatment on my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such a person responsible for any damages rising from the giving of such consent.

Signature of parent(s) or legal guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email \_\_\_\_\_

My child may ride with another parent or advisor in his/her personal vehicle ☐ Yes ☐ No

Please list any health problems or allergies:

Please list any and all medications (name, dosage, prescribing doctor):

These medications are to be administered by (circle one): Youth / Youth Minister

DATE OF BIRTH: \_\_\_\_\_

MEDICAL INSURANCE CO: \_\_\_\_\_

POLICY #: \_\_\_\_\_

REGULAR DOCTOR: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE: \_\_\_\_\_

***Please attach a copy of your child's insurance card (front and back).***

I understand that as a participant my child may be photographed or videotaped during normal event, camp, or mission activities and these photos/videos may be used in promotional materials and give my permission for my child's likeness to be used in such materials. Signature: \_\_\_\_\_