

Community Presbyterian Church Youth Fellowship

Medical Information and Activity Consent/Release Form

I, _____, hereby give permission for my child to go on
Parent or Guardian
announced, scheduled activities with Community Presbyterian Church Youth Fellowship.

I _____, hereby release Community Presbyterian Church, its pastors, and any leader or other participating ministry involved in this event from any liability regarding any accident, injury or disease sustained or contracted by my child while participating in any children's activity. Should any problem arise which requires medical attention and the emergency contact(s) listed below cannot be reached, I also hereby agree to the performance of such treatment, anesthetics and operations that in the opinion of the attending physician is deemed necessary. I further agree to hold harmless Community Presbyterian Church, its pastors, or any leader from any medical, hospital or dental bills incurred as a result of any injury, accident, or disease sustained or contracted by my child while on a CPC activity.

Youth Information

Full Name _____
M F Grade _____ Age _____ D.O.B. __/__/__
Fall 07
Youth's Physician _____
Physician's Phone _____
Primary Insurance Co. _____
Policy # _____ (Attach copy of card)
Any Known Allergies _____
Special Medical Conditions _____
Medications _____
Last Known Tetanus Shot _____
Swimming Ability Good Poor None

Parent/Guardian Emergency Contact

Name _____
Home Phone _____
Work Phone _____
Cell Phone _____
Address _____
Additional Contact _____
Phone Numbers _____

Please sign in the presence of a Notary Public and have a valid picture ID available upon request.

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name

State of Florida, County of Duval

The foregoing instrument was acknowledged before me this _____ day of _____, 2008 by _____, who () is personally known to me, or () has produced _____ as identification, bearing ID # _____ and () did, () did not take an oath.

NOTARY PUBLIC

State of Florida

Commission Number: _____

My commission expires: _____