

Children & Youth Medical Release Form

Please fill out this form for your child/youth. Please fill out a separate form for EACH of your children.

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

Parent's Name

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.

Parent's Name

Youth Information

Name

First

Last

Date of Birth

MM

DD

YYYY



Grade

Gender

Youth's Physician

Physician's Phone

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Primary Insurance Company

Policy #

Please upload a picture of your child's insurance card.

Please List Your Child's Allergies, Medical Conditions and/or Medications

Date of Last Tetanus Shot

Swimming Ability

Parent/Guardian Information

Name

First

Last

Phone

 - -

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Address

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Please list any additional contacts with phone numbers in case of emergency.

Parent/Guardian draw your signature into the box below.

Draw or [Type](#)

I understand this is a legal representation of my signature.

[Clear](#)

Date

 / / 

MM

DD

YYYY

Submit