2016-2017 MEDICAL FORM

FIRST PRESBYTERIAN CHURCH

356 Summit Road * Springfield, PA 19064 * (610) 543-5110

Grade ____
Friend/Visitor ____
Adult ____

Name _____ Birthdate _____

Home Address _____

_____

Phone Number ( ) _____ E-mail address _____

Parent/Guardian _____ E-mail address _____

Home Phone ( ) _____ Cell Phone ( ) _____

Work Phone ( ) _____

Second Parent/Guardian _____ E-mail address _____

Home Phone ( ) _____ Cell Phone ( ) _____

Work Phone ( ) _____

Emergency Contact (*other than parent/guardian*) Name _____

Relationship _____ Home Phone ( ) _____

Cell Phone ( ) _____ Work Phone ( ) _____

HEALTH HISTORY *(Please check any that apply)*

____ Anemia
____ Asthma
____ High Blood Pressure
____ Diabetes
____ Heart Condition
____ Seizure Disorder
____ Other _____
_____

Date of Last Tetanus Shot ? _____

List any recurring problems, either physical or emotional _____

List any allergies to food, drug or insect stings (if none, write none) _____

List any other dietary restrictions (e.g. vegetarian, lactose intolerant) _____

MEDICATION ADMINISTRATION PERMISSION

List current medications and dosages (if none, write none)

_____

_____

For parents of participants under the age of 21: Please read carefully and check one of the following boxes:

You must check one box below

____ My son/daughter has my permission to be given and take ***any*** over the counter medication (examples include but are not limited to: Tylenol, Motrin, Advil, Midol, Immodium AD, Pepto Bismol, Benadryl) This medication will be administered by the adult leader in charge at his/her discretion. Said person will document all administered medications.

____ My son/daughter may be given only the following over the counter medications:_____

_____

____ My son/daughter is not permitted to take any over the counter medications.

When children and youth participate on an all day, overnight or multiple day event, all prescription medication (except inhalers and epinephrine pens) must be given to a designated adult leader who will be responsible for administering the medication during the event.

MEDICAL CONTACTS

Family Physician _____ Phone _____

Do you carry family medical/hospital insurance?_____

If so, please indicate: Carrier _____

Contract/Group # _____

Individual Agreement # _____

RELEASE/CONSENT FORM

In consideration for (name of participant) _____ being accepted by First Presbyterian Church of Springfield, PA for participation in any or all Christian Education ministries/events from August 2015 through August 2016, we (I) do hereby release, forever discharge and agree to hold harmless said church from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above described ministry/events.

In keeping with the good intentions of the church, the undersigned promises to obey the instructions of the leader; respect the rights of others; and not to bring or use any non-prescribed drugs, narcotics, tobacco, or alcoholic beverages. The participant is aware that he/she may be sent home prior to the expiration of an event if this promise is violated.

We (I) give permission for the above named child. We (I) understand that if he/she is sent home early because of violation of the above promise, it will be at our (my) expense.

We (I) hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Furthermore, we (I) on behalf of our (my) child-participant under the age of 21, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to defend, hold harmless and indemnify said church, its officers, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Only participant need sign if 21 years of age or older. If under 21, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

Father: _____ Date: _____

Mother: _____ Date:_____

Legal Guardian: _____ Date:_____

I have read the foregoing and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of these programs.

Participant: _____ Date: _____