

Covenant Presbyterian Church
Youth Fellowship
Medical and Release Information
Please complete one form per child

Child's Name: _____

Parent/Guardian Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: Home: _____ Work: _____

Mobile(s): _____

Child's Mobile (if applicable): _____

In the event that I cannot be reached, contact: _____

Telephone: Home: _____ Work: _____

Mobile(s): _____

Relationship to child: _____

Date of child's last tetanus shot: _____

Allergies (drug, food, environmental, etc.): _____

In the event that neither I nor my authorized representative(s) named above can be reached in an emergency, or where an effort to reach such persons would result in a delay that would seriously endanger the physical condition of my child, I hereby give permission to the Director of Youth Ministry and/or the adult leader(s) of the youth fellowship program standing *in loco parentis* to my child to give consent in my place and stead and in my behalf to any physician, hospital or other medical personnel or facilities to perform any and all types of medical and dental treatment on my child, including but not limited to, examinations, hospitalization, administration of drugs either orally or by injection, anesthesia and/or surgery.

Local hospital preference: _____

Physician: _____ Telephone: _____

Insurance Company: _____ Policy #: _____

Policy Holder's Name: _____

Parent/Guardian Signature(s)

For and in consideration of Covenant Presbyterian Church of Johnson City, TN, taking my child to the church-related activities for which they are registered, I, the above-signed parent or guardian of said child, do hereby release and forever discharge Covenant Presbyterian Church of Johnson City, TN, from any and all liability for injury of damage sustained by said child while attending the event including, but not limited to, any claims for injuries or damage to the person, death, medical expenses and hospitalization, court costs, and/or attorney fees arising out of any injury received by said child while in attendance.