

Medical Release

I, _____ the undersigned, affirm that the participant, _____ has permission to participate on our trip. I hereby release First Presbyterian Church, its staff and chaperones from any and all claims, judgments, costs of expenses arising out of injuries or harm which may be incurred by participant while traveling on this trip.

If during this trip it is the opinion of the staff or chaperones to seek medical/hospital consultation or treatment of a participant, I hereby authorize such consultation/treatment as deemed necessary. I authorize the medical provider to directly bill our insurer.

_____ Parent(s) Signature / Date

Please list any medications your child takes, both over-the-counter and prescription and why they take them.

Please list any allergies to medicines and/or foods your child has.

Are there any health issues you need to let us know about that would be helpful to the chaperones?

Name of Insurance Company: _____

Name of Employer: _____

Policy Number: _____

(Please provide us 2 copies of your child's insurance card)

EMERGENCY INFORMATION

Name of Participant _____

Address: _____

Home Ph.#: _____ Mom's Cell # _____ Dad's Cell # _____

Father's Name: _____ Work Number: _____

Mother's Name: _____ Work Number: _____

ADDITIONAL EMERGENCY PARTY:

Name _____

Phone: _____ Relationship: _____

Parent’s Alternative Address/Phone

Parent or Guardian: If you know that you will be out of town during any portion of the trip, please indicate below the phone number and address at which you can be reached should and emergency arise.

Name of Parent or Guardian: _____

Date(s) during which you will be at address below: _____

Address: _____

Phone(s): _____

Consent to Photograph, Video, Audio Recording, and Release to media

I authorize First Presbyterian Church of Ft. Lauderdale Florida, Inc. and its agents and various media outlets, collectively called “the church” to use photographs, videos, and audio recordings, of my child as it relates to news, advertising/marketing, and public relations for the church.

Print name of student: (first and last)

I understand that the releasing of this information is being carried out with my consent and permission, that “the church” will own the images and recorded sounds, and I release “the church” from any and all liability to anyone as a result of the use of the images and/or sound for news, advertising/marketing, and public relations purposes. I understand that this release shall be governed by Florida law.

Signed by Parent or Guardian _____

Print Name: Parent or Guardian _____

Date: _____

Identifiers (clothing, color, etc.): _____