

Trinity Presbyterian Church
2009 Youth Ministries Medical Form—(Valid 1/01/09-12/31/09)

MINOR INFORMATION (please print)

Full Name of Minor: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Parent/Guardian Mobile Phone/pager: _____
Sex: _____ Date of Birth: ____/____/____ Grade: _____ School: _____
Parent / Guardian Full Name(s): _____

(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information)

HEALTH / DENTAL INSURANCE INFORMATION

Health Insurance Company: _____
Policy Number: _____ Group Number: _____
Phone Number: _____
Dental Insurance Company: _____
Policy Number: _____ Group Number: _____
Phone Number: _____

EMERGENCY CONTACT INFORMATION

In an emergency, please notify one of the following:

1) Name: _____ Relationship to Minor: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Mobile Phone/Pager: _____
2) Name: _____ Relationship to Minor: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____ Mobile Phone/Pager: _____

MEDICAL HISTORY

Has minor had all school-required vaccinations? Yes No Date of last tetanus shot: _____
Does minor have a communicable disease or medial condition that may be a risk to others? Yes No If Yes, Please describe:

Does Minor have any drug allergies? Yes No If Yes, Please describe: _____

Please list the name, dosage, and purpose of medications currently being taken by Minor: _____

Please describe any special considerations regarding Minor (medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc): _____

AUTHORIZATION FOR MEDICAL TREATMENT

As the parent or legal guardian of _____ ("Minor"), each of the undersigned gives his or her authorization and consent for the Trinity Presbyterian Church of Shoreline, WA (the "Church") and the Church's adult employees, agents, and volunteers (collectively with the Church, the "Trinity Presbyterian Parties") to seek, authorize, and consent to such medical or dental care for Minor ("Treatment") as any one or more of them may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the state or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. Every effort will be made to contact one of the signers of this authorization before treatment is authorized whenever possible. This Authorization for Medical Treatment may be photocopy hereof shall be as valid as an original copy.
Each of the undersigned acknowledges and agrees that the (church's name) Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration of Minor's participation in one or more events sponsored by the Church, each of the undersigned hereby agrees to indemnify, defend, and hold harmless the (Trinity Presbyterian church) Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys' fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any (Trinity Presbyterian Church) Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

Name: * _____ Signature: _____ Date: _____
Name: * _____ Signature: _____ Date: _____

* Note: Each person who has legal custody of Minor should sign this Authorization for Medical Treatment and only a person who signs will be considered a legal custodian of Minor.

Trinity Presbyterian Church
2009 Youth Ministries Program/Event Form (Valid 1/01/09-12/31/09)

CONSENT AND DISCHARGE OF LIABILITY

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE STUDENT, AND OTHERS.

I, the undersigned parent/legal guardian of the minor student identified above hereby give my permission for the student to participate in any program or event occurring from January 1, 2009 through December 31, 2009, and to be transported to, from and during the Events in any vehicle designated by an employee, agent, or volunteer (an "Agent") of the Trinity Presbyterian Church of Shoreline, WA (the "Church").

In consideration of the student being allowed to participate in the Program:

1. I understand that the church and its volunteers will exercise their judgment in supervising the student and other participants in all sponsored activities and have a right to expect conduct of activities to be accomplished in a safe and careful manner. In spite of this care, it is always possible for the student to be injured or become ill during the activities. In consideration of sponsoring, organizing and supervising the activities during this time period as well as providing other services before, during and after the activities, I agree to defend, and hold harmless the Church and any of its Agents, employees or volunteers (collectively, the "(church's name) Parties") from and against any and all losses, damages, liabilities, or expenses that arise out of or result from the Student participating in the Program.
2. I understand and agree that the Student may be sent home at my expense if any Agent, employee or volunteer determines that the Student has: engaged in disruptive behavior, broken any rules or constitutes a threat to the safety or well being of any other participant at any time during any activity

Name (please print) _____ Signature _____
Date _____

Parent/Legal Guardian

