



NORTH CREEK PRESBYTERIAN CHURCH

621 164TH STREET SOUTHEAST
MILL CREEK, WASHINGTON 98012
(425) 743-2386 · www.northcreekpres.org

EX12

STUDENT MINISTRIES MEDICAL RELEASE & PERMISSION

EFFECTIVE DATES: SEPTEMBER 1, 2011 to AUGUST 31, 2012

ONLY ONE STUDENT PER FORM · PLEASE PRINT IN BLACK INK ONLY

Name of Student _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____ Email _____

EMERGENCY CONTACT PERSON

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____

Phone # (_____) _____ Work Phone # (_____) _____

ALTERNATE CONTACT PERSON

(Use someone near the primary contact)

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____

Phone # (_____) _____ Work Phone # (_____) _____

INSURANCE INFORMATION

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance (check one)? Yes _____ No _____

Name of insurance company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Family Doctor _____ City _____

Phone # (_____) _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him or her proper medical care during his or her time with the youth ministry activity.

HEALTH HISTORY

List any pre-existing or present medical conditions: _____

List name and dosage of any medications that must be taken: _____

Check all that apply:

Any allergies? _____ To medications? _____ hay fever _____ heart condition _____ diabetes _____ insect stings _____

epilepsy/nervous _____ asthma disorders _____ frequent upset stomach _____ physical handicap _____

Any major illnesses during the past year? _____

If any of the above are checked, please give details (for example, include normal treatment of allergic reactions)

Date of last tetanus shot _____ Contact lenses? Yes _____ No _____

Any swimming restrictions? Yes _____ No _____ What? _____

Any activity restrictions? Yes _____ No _____ What? _____

PERMISSION/RELEASE

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the North Creek Presbyterian Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold North Creek Presbyterian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature: _____ Date: _____

Student's Signature (if over 18 years of age): _____ Date: _____

PHOTOGRAPH, VIDEO, AND AUDIO MATERIAL

I, the undersigned, hereby consent to the use of any videotapes, photographs, slides, audiotapes/CDs or any other visual or audio reproduction in which I may appear by North Creek Presbyterian Church. I understand that these materials are being used for promotion of the youth ministry of North Creek Presbyterian Church, which includes recruitment and fund raising efforts.

I release North Creek Presbyterian Church from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment or fund raising program.

Student's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____