Palm Desert Community Presbyterian Church Student Ministry
2019 MEDICAL AND LIABILITY RELEASE FORM

(PLEASE PRINT LEGIBLY)

NAME_____ AGE_____ MALE FEMALE
(PRINT LAST NAME) **(FIRST NAME)**

ADDRESS_____BIRTHDATE_____

CITY_____ ZIP_____ EMAIL ADDRESS _____
STUDENT
HOME PHONE_____ CELL PHONE _____

MOTHER/GUARDIAN_____ EMAIL _____ PHONE #_____

FATHER/GUARDIAN_____EMAIL _____ PHONE #_____

EMERGENCY CONTACT (OTHER THAN PARENTS)_____ PHONE #_____

FAMILY DOCTOR_____ PHONE #_____

HEALTH HISTORY
List any allergies or physical conditions that might cause concern: _____

Please give details (ie. include normal treatment of allergic reactions)_____

Name and dosage of any medications that must be taken _____

Any activity restrictions: Yes____ No____ What restrictions?_____

If your child should require medical attention at this event for injuries received or illness contracted prior to coming to event, please give us the information necessary to give your child proper medical service during this event:
_____
If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is on this event. Do you have Health Insurance? Yes____ No _____ Please give name and address of insurance company if Yes.

Insurance Company_____ Policy Number _____

Phone_____ Main Insured Social Security _____

MEDICAL RELEASE:
In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Palm Desert Community Presbyterian Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release.

LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT:
I hereby remise, release and forever discharge Palm Desert Community Presbyterian Church, its agents, servants and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might happen while attending a PDCPC event.

STUDENT PHOTO RELEASE FORM
I, _____ (parent/guardian) give PDCPC permission to use my child's photograph or photographic image in official PDCPC business, including: Church web site, Church social media pages, newsletters, graduation slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes. I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

Signature of Parent or Legal Guardian_____ Date_____