

EMERGENCY/MEDICAL INFORMATION

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Allergies (food/medications/other) \_\_\_\_\_

Current medications \_\_\_\_\_

Medical history (any prior serious illnesses or accidents) \_\_\_\_\_

Date of last tetanus shot \_\_\_\_/\_\_\_\_/\_\_\_\_ Medical Insurance \_\_\_\_\_ Policy No. \_\_\_\_\_

MEDICAL INFORMATION: I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others. I agree to indemnify and hold harmless the Point Loma Community Presbyterian Church and its affiliates and other agents from any claims I may make for personal injuries or death of such minor and from the claims of third parties whose injury or death of such minor have contributed to or caused as a result of such minor’s failure to disclose any such information. I represent and warrant that I have provided all material and important information to the Church pertaining to such minor’s medical, mental and physical conditions, in view of such minor’s participation. I further represent and warrant that this information is complete and accurate.

Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

MEDICAL/DENTAL TREATMENT: I am the parent or legal guardian of \_\_\_\_\_, a minor and I hereby authorize as my agent, under the provisions of California Civil Code Section 25.8, or any successor provision, any teacher of Point Loma Community Presbyterian Church (the “Church”), any adult advisor to the Church Fellowship programs, any member of the Church staff, to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment or hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by dentist licensed under the provisions of the Dental Practice Act.

Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

PARENTAL CONSENT FOR PARTICIPATION: I am the parent or legal guardian of \_\_\_\_\_, a minor and I hereby authorize and consent to the participation of such minor in the events or activities organized or sponsored by, and attended by, adult advisor(s) of the Point Loma Community Presbyterian Church (the “Church”) School, Children’s Ministries program, from \_\_\_\_\_ through \_\_\_\_\_. It is specifically understood that this consent and authorization relates and extends both to activities at the Church and away from Church grounds. Such events and/or activities include, without limitation, retreats, beach parties, exchange meetings with other church groups and parties, and gatherings at the homes of members or advisors of the Church School and/or fellowship groups. This authorization and consent extends to transportation to and off-site events, whether in private cars, by bus or by other means of transportation. I hereby release and waive all claims, actions, and causes of actions which I, as parent or guardian of such minor, might otherwise have against the Church, any member of the Church staff, volunteers, advisors or other persons helping or participating that may arise out of or from any physical, emotional or mental illness, injury or death while participating in a Church event or activity. I agree that neither I, nor any of my heirs, personal or legal representatives, or family members will bring suit or make a claim for illness, injury or death resulting from negligence, breach of warranty or strict liability of the Church, and that this release is binding upon my heirs, administrators, and personal representatives.

Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_

PUBLICITY: I understand that television and radio stations, newspapers and other media sources may contact and visit the Church. I grant permission for my child to be photographed and/or interviewed by such media, and I grant permission for such interviews and/or photographs to be distributed or broadcast to the general public. In addition, I grant permission for photographs of my child to be used in any brochures and informative publications or church operated websites describing the Church which may be distributed to the public. This pertains to video recordings also. All attempts will be made to notify parents in advance.

Date: \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_