

MEDICAL CONSENT AND PERMISSION FORM

As parent or legal guardian, I hereby give permission for my child to participate in the following activity (the "Activity") organized by the **First Presbyterian Church of Lockport.**

Name of Activity (circle all that apply): Youth Group Alleluia Choir Celebration Bells Sunday School Montreat

Other Activity: _____

Child's Full Name: _____

LAST

FIRST

MIDDLE

Sex: _____ Birthdate: _____ Age: _____

Parent or Guardian Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____

If not available in an EMERGENCY, notify:

1. Name _____ Relationship: _____ Phone #s: _____

Street Address _____

City _____ State _____ Zip _____

2. Name _____ Relationship: _____ Phone #s: _____

Street Address _____

City _____ State _____ Zip _____

Does this child have any of the following ALLERGIES:

Penicillin _____ Other _____

Other Drugs _____

Insect Stings _____

Poison Ivy _____

Hay Fever _____

Does this child have any MEDICAL or HEALTH PROBLEMS, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this activity? _____ Yes _____ No

If yes, describe the problems or illnesses: _____

Is the child currently taking any MEDICATIONS? _____ Yes _____ No

If so, please list them, with dosing information: _____

Is the child able to administer his/her own medications? _____ Yes _____ No

List the name, address, medical specialty and phone number of this child's family PHYSICIAN and of any other physician who should be consulted in the event of emergency or medical problems:

List the name, address, and phone number of this child's DENTIST (and orthodontist if applicable):

_____ OVER

Is there medical or hospitalization INSURANCE which provides benefits for this child? _____ If so, please indicate:

Name of Insurance Co. _____

Address _____

Policy Number _____

Name of Policy Holder _____

Phone No. of Insurance Co. () _____

Indicate date of this child's last TETANUS shot: _____

Are there any ACTIVITIES, such as strenuous activities, to be restricted for this child? _____ If so, describe:

Describe any dietary restrictions that this child is required to observe: _____

Other comments or suggestions from the parent or guardian concerning this child: _____

I understand that First Presbyterian Church of Lockport carries no medical or hospitalization INSURANCE coverage. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the First Presbyterian Church of Lockport ministry's coverage, if any, (subject to the exclusions, limitations and provisions in the First Presbyterian Church of Lockport's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any, before applying for benefits that may be available from the First Presbyterian Church of Lockport's coverage.

I further understand that, in the event my child requires medical or dental TREATMENT while engaged in the Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the First Presbyterian Church of Lockport's sponsor or any adult counselor acting on behalf of the First Presbyterian Church of Lockport with respect to the Activity, as agent for me, to consent to any X-Ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

I further understand that all reasonable precautions will be taken at all times by the First Presbyterian Church of Lockport 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 First Presbyterian Church of Lockport, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

Signature _____ Date _____

(Parent or Guardian)

Witness _____ Date _____