

Medical Information And Release of Liability Form

Student's Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian Name(s): _____

Phone Numbers:

Home: _____ Father's Work: _____ Other: _____

Student's Cell: _____ Mother's Work: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

How do you prefer to be contacted? (circle one) Phone Email U.S. Mail

Emergency Contact Person: _____ Phone: _____

Insurance Company: _____ Policy/Group#: _____

Family Doctor: _____ Phone: _____

Allergies or other relevant medical conditions: _____

I understand that any activity or travel involves some element of risk, but that the staff and sponsors of Memorial Presbyterian Church (hereafter MPC) will make every effort to avoid such risk to my child. In the event of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby authorize a representative of MPC of Midland, Michigan, to act on my behalf to seek medically necessary treatment until I can be reached. I absolve MPC and its representative from liability in acting on my behalf in this regard so long as MPC is not grossly negligent.

Parent/Guardian Signature: _____ Date: _____

Choose one: (Please contact the office to update this Medical form within the year as needed)

By checking this box and initialing below, I grant permission for my child to participate in events at MPC, or an MPC event at another location, during the period until Sept. 1, 2010. I understand that additional event specific forms may be required. **Initial here:** _____

By not checking the box above, I will be required to complete a permission form each time my child travels with MPC off church grounds, for any activity or event. **Initial here:** _____

COVENANT

I promise to contribute, to the best of my ability, to happy and fun filled MPC events. I will be caring toward others and will share in the activities that are planned. I will conduct myself in a manner befitting of a Christian and of a representative of my church. I will not bring or use any alcohol, tobacco, or drugs during a MPC event.

Youth Signature: _____ Date: _____