

FIRST PRESBYTERIAN CHURCH YOUTH MINISTRY

404 NORTH ALAMO, SAN ANTONIO, TEXAS 78205 | 210.226.0215 | FAX 210.299.1986



STUDENT MEDICAL RELEASE FORM

Effective September 1, 2011 through September 30, 2012

Student's Full Name _____ Gender _____
Address _____ Zip code _____
Home Phone _____ Date of Birth _____ Grade _____ School _____

Parent/Legal Guardian's Full Name _____
Parent E-Mail _____
Work Phone # _____ Cell Phone # _____
Parent/Legal Guardian's Full Name _____
Work Phone # _____ Cell Phone # _____
Other Emergency Contact _____
Relationship to Student _____ Phone # _____

Medical Insurance Company _____
Name of Insured _____
Policy # or Group # _____ Insurance Co. Phone # _____
Rx ID # _____ Rx Group # _____

MEDICAL HISTORY:

Please list and explain any health problems or chronic medical conditions *(If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your student is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof.)*

Please list and explain any major illnesses the student experienced during the past year: _____

Please list medications taken regularly _____

Please list any known allergies _____

Please list any dietary restrictions _____

Should this student's activities be restricted for any reason? Please explain: _____

Date of last tetanus shot: _____

Student's Physician _____ **Phone #** _____

Student's Dentist _____ **Phone #** _____

Continued on Reverse 

CODE OF CONDUCT:

First Presbyterian Church expects students to abide by the following code of conduct:

- Cell phones and gaming devices are prohibited on retreats and trips unless otherwise noted
- iPods and mp3s are permitted on retreats and trips only during bedtime (phones with mp3 function are not included)
- No possession or use of alcohol, drugs, tobacco or pornography
- No fighting, weapons, fireworks, lighters, explosives, etc.
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Respect property; respect one another, staff, and adult leaders; respect and comply with event schedules

A student who fails to comply may be sent home at his or her parents' expense.

STUDENT NAME _____

_____ has my/our permission to attend all youth activities sponsored by First Presbyterian Church beginning September 1, 2011 through September 30, 2012. We have completed the contact information, insurance information and the medical history information.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First Presbyterian Church, San Antonio, Texas (hereinafter "FPC") and its staff of any liability against personal losses of named student. I/We the undersigned have legal custody of the student named above and have given our consent for him/her to attend events being organized by FPC. I/We understand that my/our signature below carries with it the following:

_____ (please initial) I/We give permission for the above named student to be transported to and/or from church-sponsored events and church-approved meetings by: A) church provided transportation (*cars, vans, buses, planes*) and/or B) adult driven transportation (*FPC Youth Staff, adult volunteers*). I/We also understand that my/our student may have one-on-one meetings with FPC Staff or Volunteers with prior parental verbal or written approval.

_____ I/We give permission for any videos or photographs taken of the above named student to be used on the FPC web site or in any FPC publication. No names will be used.

_____ I/We understand that any travel, volunteer work or other activities undertaken by my child in connection with FPC involves inherent risks to property, health and life and I further understand the nature of such risks. No principal, officer, agent, employee, or other person associated with or acting on behalf of FPC has disavowed or contradicted anything in this document, including the statements regarding the existence and nature of the risks involved. I/We recognize and acknowledge that FPC is a charitable, nonprofit institution engaged in human services and relief activities. I/We, for my child and his heirs, do hereby freely and knowingly waive any and all actions, causes of action, claims and demands for or by reason of loss of life, bodily injury loss, including, but not limited to the contraction of endemic diseases, costs, damage or expense for any act, or omission on the part of any third party upon the part of FPC or any of its officers, agents, servants or employees for anything in any way arising from or connected with, either directly or indirectly, any volunteer activities of my child or of FPC.

_____ I/We hereby grant permission for FPC advisors or sponsors of the event to authorize the rendering of medical services to my child while participating in activities sponsored by FPC. I/We specifically grant permission for the administration of medication, admittance to a hospital and for surgery deemed by the attending physician to be necessary because of an emergency. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

_____ I/We further understand and agree that in the event that the above named student is involved in activities that violate or compromise the rules, policies, or purposes of FPC, I/we will accept full responsibility for release of the above named student to my/our custody and care. I/We further understand that I/we will cover all financial costs if the above named student is sent home for disciplinary reasons.

_____ This agreement is intended to be as broad and inclusive as permitted by the laws of the State of Texas. This agreement is to be governed by the laws of the State of Texas. If any portion of this agreement is held invalid, it is agreed that the remainder shall nevertheless continue in full force and effect. I/We do enter into this agreement freely and voluntarily in consideration of the permission for my child to participate in the activities described herein and the benefits associated with such activities. I understand that this agreement is contractual and binding upon me. I/We have read this document and understood and agreed to all of its contents before signing it. Unless terminated in writing, this release shall be effective September 1, 2011 through September 30, 2012 only.

Printed name of Parent/Legal Guardian

Signature

Date

Signature of Adult Witness

Date