

Penn Forest Wesleyan Church

EMERGENCY/MEDICAL RELEASE FORM

Expires October 2018



Print Parent/Legal Guardian's Name(s)

Home Phone _____

Work Phone _____

Cell Phone _____

Other _____

Emergency/Medical Information

Medical Notes

Student's Name _____ Allergies, Conditions, Medications, Special Needs, etc. _____

Student's Name _____ Allergies, Conditions, Medications, Special Needs, etc. _____

Student's Name _____ Allergies, Conditions, Medications, Special Needs, etc. _____

Insurance/Care Provider _____

Group/Medical # _____

Physician _____

Hospital _____

Address _____

Address _____

Phone _____

Phone _____

The following persons may be contacted in the event of an emergency or illness and may pick up my young person(s):

Name _____ Phone _____

Name _____ Phone _____

Authorization for Emergency Medical Services

I hereby authorize the responsible ones at *Penn Forest Wesleyan Church* to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical or surgical care if I am not immediately available. It is understood that a conscientious effort will be made to notify me, or the persons designated, before such action will be taken.

Authorization for Excursion

I hereby consent to have my young person participate in walks and field trips by car, bus, or van supervised by serving ones of *Penn Forest Wesleyan Church*, away from my home to other's homes, parks, and other points of interest.

Social Media Release

I hereby understand that as a participant, my child may be photographed or videotaped during an event or activity, and these photos/videos may be used in promotional materials or on our websites

Release of Liability

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all leaders and responsible ones of *Penn Forest Wesleyan Church* from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while participating in a church-sponsored youth activity.

Date

Signature of Parent or Legal Guardian