

MEDICAL RELEASE AND CONSENT FORM

Name _____

Address _____ Phone _____

Parent _____ Home _____ Work _____ Cell _____

Parent _____ Home _____ Work _____ Cell _____

Medical Insurance Carrier _____ Policy/Group _____

Subscriber Name _____ ID # _____ Date of birth _____

Prescription Carrier _____ RxBin _____ RxGroup _____

Subscriber Name _____ ID # _____ Date of birth _____

If parent is not available, notify:

Name _____ Home _____ Work _____ Cell _____

Medical History

Physician _____ Phone _____

Dentist _____ Phone _____

Hospital _____ Phone _____

Chronic Illnesses _____

Allergies _____

Medications _____

Important Information _____

In the event of an emergency where medical treatment is required, I give my permission to the church staff or church-approved sponsor present of the First Presbyterian Church of Bryan, Texas, to obtain the services of a licensed physician for the person named on this form. Please attempt to notify me immediately concerning any emergency.

Signature of Parent or Guardian

Date

Medical Release and Consent Form (contd.)

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My child may be given any the following at normal adult dosage, if necessary:
(check all that apply)

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin, Advil)
- Naproxen Sodium (Aleve)
- Diphenhydramine (Benadryl)
- Roloids/Tums
- Pepto-Bismol

Signature of Parent or Guardian

Date

I DO HEREBY RELEASE AND CONSENT to the participation in any church-sponsored event / activity and am aware that activities may include participation in sporting / recreation / construction events. In addition, I give my permission for any videos or photographs taken to be used in any FPC-Bryan publication or the FPC-Bryan website.

I DO HEREBY CERTIFY that I am physically fit and capable of participating.

I DO HEREBY SPECIFICALLY RELEASE, waive, discharge, and covenant not to sue FPC-Bryan, its staff, volunteers, agents, and governing bodies, for any action or causes of action, including, but not limited to, personal injury, property damage, or wrongful death, which may exist or which may hereafter arise during and following the participation in any church-sponsored event / activity.

IN CASE OF EMERGENCY, I do hereby give permission to the physician selected by the group leader to hospitalize and secure proper treatment for the registered person as named on this form.

Signature of Participant*

Date

* NOTE: *If participant is under 18 years of age, this form must be co-signed by parent or legal guardian.*

Signature of Parent or Legal Guardian

Date