

Youth Ministry Medical and Liability Release Form 2017-18 <i>White Memorial Presbyterian Church</i> <i>1704 Oberlin Road, Raleigh, North Carolina 27608</i>		GRADE
Name of Youth	Date of Birth	
School Youth Attends	WMPC Member? <i>Yes or No</i>	
<p>This form (1) gives your permission for your child to ride in church transportation and (2) gives group leaders authorization to secure medical aid for your child should it be necessary during the event.</p> <p>I, consent for my child to be transported to and from White Memorial Presbyterian Church in church or other transportation for various youth activities.</p> <p>I hereby authorize any hospital, clinic, physician; doctor, nurse, or technician to furnish my child, named above, any medical care and treatment necessary as a result of injuries sustained or other emergency medical care treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize representatives of White Memorial Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such person responsible for any damages arising from the giving of such consent.</p> <p>By signing below, I am also affirming that I have read the <i>Photo Release</i> of WMPC and agree to all that is listed therein.</p>		
Parent Name (signed)	Date	
Parent Name (printed)		
<i>By providing the following, the youth staff and volunteer leaders assume you are giving permission for your child to be contacted in these manners:</i>		
Youth Email Address	Youth Cell Phone Number	OK to text?
Parent Information		
Parent(s)/Guardian(s)		
Address		
City	State	Zip Code
Home Telephone Number		

Youth's First and Last Name		
Adult #1 Cell Phone	Adult #2 Cell Phone	
Adult #1 Email Address	Adult #2 Email Address	
Child Resides with <i>Both parents mother father other</i> _____		
Information for non-custodial parent or guardian		
Name	Phone	
Address		
City	State	Zip Code
Medical Insurance		
Is your youth covered by medical / hospitalization insurance? _____ (If yes, the following information is required)		
Insurance Company Name	Insurance Company Phone	
Insurance Company Address		
Group and Policy Number		
Policy Holder's Name		
Emergency Contact Information		
Name	Phone	
Name	Phone	
Allergies (please list Food and Medical)		