

PERMISSION AND MEDICAL RELEASE

of

FIRST PRESBYTERIAN CHURCH

1540 M Street
Fresno, California 93721
(559) 485-6460
www.firstpresfresno.org

I hereby give permission for _____
(Name of Child)
Age _____ Grade _____

to attend **Senior/Junior High events** during the dates of **July 1, 2010 – June 30, 2011.**

I also give permission for the **Senior/Junior High Advisors, Sponsors, Teachers**, etc. to act upon their best interest in case of accident or injury, including medication, injection, surgery, or hospitalization.

In consideration of First Presbyterian Church permitting my child to participate in the above event, I hereby for myself, my heirs, administrators and assigns waive and release any and all rights and claims of any nature I may have against First Presbyterian Church and any organization connected with this event, their representatives, successors and assigns for any and all injuries or damages of any nature which my child may suffer while taking part in any activities connected with this event.

(Signature of Parent or Guardian) (Date)

Names of Parents: _____

Address: _____ Home Phone: _____

Work Phone: (Father) _____ (Mother): _____

Cell Phone: (Father) _____ (Mother) _____

Insurance

Carrier: _____ Group No.: _____

Insurance

Address: _____ Certificate No.: _____

Name of family doctor: _____ Phone: _____

Does your child take any medication? _____

Does your child have any allergies? _____

Does your child have any other health problems? _____

(Please use back of sheet for explanations if necessary.)