

**2014-2015**  
**CHILD/YOUTH MEDICAL RELEASE FORM**

(To be completed by parent or guardian of child/youth)

**FIRST PRESBYTERIAN CHURCH**

**1000 Penn Street, Fort Worth, Texas 76102 (817) 335-1231**

*Date form filled out* \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please give the last date for the following shots (children and youth only): Are immunizations current? \_\_\_\_\_

Polio \_\_\_\_\_ Tetanus \_\_\_\_\_ DPT Series \_\_\_\_\_ MMR \_\_\_\_\_

Physical problems/restrictions (e.g., allergies, hyperactivity, deafness, etc.) or special needs of child \_\_\_\_\_

Medications you must take: \_\_\_\_\_

Additional comments \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Phone number (s) \_\_\_\_\_ Policy Number or ID Number \_\_\_\_\_

**PARENTS/GUARDIANS PLEASE NOTE:** *I understand that, in case of an emergency, every effort will be made to contact parents or guardians. In the event that we cannot be reached, I hereby consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental, surgical diagnosis, treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where services are rendered, at a doctor's office, clinic or hospital. I, therefore, assume all responsibility for the decisions made, and the emergency care or treatment so secured for my child. I further release First Presbyterian Church, its staff, and adult leaders from responsibility and liability for any injury or illness that my child may sustain during church activity or transportation involving the church activity. Also, I understand that some hospitals require notarized authorization before a child can be treated. (If this form is not signed and notarized, a hospital may not treat a child/youth under age 18.)*

**Parent or Legal Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Place \_\_\_\_\_

Father's Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_ Other # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Place \_\_\_\_\_

Mother's Work # \_\_\_\_\_ Cell # \_\_\_\_\_ Pager # \_\_\_\_\_ Other # \_\_\_\_\_

**In case of an emergency where the parent/guardian cannot be reached, please call:**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_

Executed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

State of: TEXAS  
County of: TARRANT

\_\_\_\_\_  
Notary Public Signature

My Commission Expires \_\_\_\_\_

**2014-2015**  
**LIABILITY RELEASE AND**  
**INDEMNITY FORM**

(To be completed by parent or guardian of child/youth)

**FIRST PRESBYTERIAN CHURCH**  
**1000 Penn Street, Fort Worth, Texas 76102 (817) 335-1231**

I, the undersigned parent or guardian of \_\_\_\_\_, a participant in the programs of First Presbyterian Church of Fort Worth, do hereby agree to the fullest extent permitted by law (including releasing and indemnifying any negligent acts) to release and hold harmless the First Presbyterian Church of Fort Worth, and their respective ministers, elders, trustees, staff persons, members, volunteers and other participants, whether actively participating in any activity or otherwise, from any and all liabilities attendant to or arising from my child's attendance at or participation in the programs of First Presbyterian Church. I am aware that these programs may involve motor travel in a rented vehicle, or in cars owned by members, within Fort Worth, or between Fort Worth and other destinations.

I give permission for my child to participate in trips sponsored by First Presbyterian Church-Fort Worth.

Signature of Parent or Legal Guardian \_\_\_\_\_

Executed before me this \_\_\_\_\_ day of \_\_\_\_\_,

State of:       TEXAS  
County of:     TARRANT

\_\_\_\_\_  
Notary Public Signature

My Commission Expires \_\_\_\_\_

**\*\*\*A COPY OF INSURANCE CARD (FRONT & BACK) MUST BE ATTACHED TO THIS FORM! \*\*\***