

**Palm Desert Community Presbyterian Church Youth Ministry**

**MEDICAL AND LIABILITY RELEASE FORM**

**Sept. 2010 – Sept. 2011**

(PLEASE PRINT LEGIBLY)

NAME \_\_\_\_\_ AGE \_\_\_\_\_ MALE FEMALE  
(PRINT LAST NAME) (FIRST NAME)

ADDRESS \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IN EMERGENCY NOTIFY (Parent or guardian) \_\_\_\_\_ PHONE # \_\_\_\_\_

IF PARENT OR GUARDIAN IS UNAVAILABLE, CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE # \_\_\_\_\_

**HEALTH HISTORY**

List any allergies or physical conditions that might cause concern: \_\_\_\_\_

Please give details (ie. include normal treatment of allergic reactions) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Name and dosage of any medications that must be taken \_\_\_\_\_

Any activity restrictions: Yes \_\_\_ No \_\_\_ What restrictions? \_\_\_\_\_

If your child should require medical attention at this event for injuries received or illness contracted prior to coming to camp, please give us the information necessary to give your child proper medical service during this event:

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is on this event. Do you have Health Insurance? Yes \_\_\_ No \_\_\_ ~ Please give name and address of insurance company if Yes.

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ Main Insured Social Security \_\_\_\_\_

**MEDICAL RELEASE:**

In the event I cannot be reached in an emergency during the camp dates as shown on this form, I hereby give my permission to the physician or dentist selected by Palm Desert Community Presbyterian Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release.

**LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT:**

I hereby remise, release and forever discharge Palm Desert Community Presbyterian Church, its agents, servants and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might happen while attending a PDCPC event.

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

Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_