

HEALTH INFORMATION & RELEASE

Nursery, Children & Youth Ministries

PROGRAM YEAR: 2018-2019

Instructions: Please complete one form for each child under the age of 18 years and submit completed form(s) to the ministry director, ministry representative or church office. Thank you!

Parent/Guardian Consent & Agreement

Participation: In consideration of my/our child's opportunity to participate in activities and programs of **First Presbyterian Church of Missoula (FPC-M)**, I/we acknowledge and accept the risks of injury or loss associated with participation in any and all activities and programs of FPC-M, including transportation to or from such activities and programs. I/we accept financial responsibility for any injury or loss sustained during the activities or programs of FPC-M, including transportation to or from such activities and programs. Further, I/we release and promise to indemnify and hold harmless FPC-M, its leaders, employees, volunteers or agents from all liability for any injury or loss as referenced above.

Medical: If I am or we are not available or otherwise unable to communicate my/our wishes, I/we hereby give FPC-M, its leaders, employees, volunteers and agents authorization to obtain necessary medical aid or treatment for my child while under FPC-M's care and control during FPC-M activities and programs. I/we shall assume all liability for any such medical expenses and promise to indemnify and hold harmless FPC-M, its leaders, employees, volunteers or agents from all liability for such actions and expenses.

The releases and authorizations herein shall remain in affect for a term of one year from the date of signature indicated below or upon my/our written termination. A copy of this form shall have the same authority as the original and all physicians, hospitals, clinics and other licensed healthcare providers may rely upon the authorizations and directives stated herein.

If only one parent/guardian signature is provided below, the signing parent/guardian is declaring himself or herself to be duly ad lawfully authorized to enter into the releases and authorizations represented in this document.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Child's Name:	Date of Birth:	
Child's Home Address:		
Parent/Guardian Name:		
_____	_____	_____
cell phone #	work #	home #
Parent/Guardian Name:		
_____	_____	_____
cell phone #	work #	home #

Please continue to back side. →

Emergency Contact, if parent/guardian cannot be reached:

Name #1:	Relationship:	
_____	_____	
cell phone #	work #	home #
_____	_____	_____
Name #2:	Relationship:	
_____	_____	
cell phone #	work #	home #
_____	_____	_____

Medical Care Contacts:

Physician's Name:	
Address:	Phone:
_____	_____
Dentist's Name:	
Address:	Phone:
_____	_____

Health Information:

Date of child's last tetanus shot:

Allergies: Please list known allergies to any medication, foods, plants, animals or insects.

Medical Conditions: Please list any medical conditions, such as asthma, diabetes, epilepsy, heart trouble or other.

Explain any special care needs:

Health Insurance for Child:

Insurance Carrier:	
Policy or Group#:	Insurance Phone #:
_____	_____