

**Marine View Presbyterian Church  
8469 Eastside Dr. NE  
Tacoma, WA 98422**

**Medical Release Form  
Effective: 9/01/2009  
Expires: 9/01/2010**

As parent or legal guardian of the following child:

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**Parent/Guardian Names:** \_\_\_\_\_

I hereby release Marine View Presbyterian Church, volunteers and those involved in organizing and implementing youth activities from any responsibility and/or liability in the case of an accident or injury incurred at activities or during transportation to and from activities, other than cases involving intentional torts.

I hereby authorize any of the Marine View Presbyterian Church youth staff/advisors and volunteers who are 21 years of age and older, to consent to any medical or surgical treatment of the above named child which such person deems advisable if a parent cannot be reasonably located when the child is taken for treatment. IN CASE OF EMERGENCY, PLEASE FOLLOW THESE PROCEDURES:

1. Choice of Facility (if possible): \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Choice of Physician (if possible): \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Person to notify if parents can't be reached: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address of parent/guardian:

Home phone # of parent/guardian:

Mother's work phone:

Father's work phone:

Health Insurance Company:

Name of Policyholder:

Group #:

Please list any chronic illness or allergies of the above named child:

If the child is using any medications please list:

Date of last DPT or DT immunization:

Parent/Guardian Signature \_\_\_\_\_