

**Marine View Presbyterian Church
Youth Ministry Medical Release Form
Effective: 9/01/2011 Expires: 9/01/2012**

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/leaders 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.

Emergency Contact: _____ Phone: _____
(Please list someone other than parents)

Home address of parent/guardian _____

Home phone # of parent/guardian _____

Mother's cell (alternate contact) phone _____

Father's cell (alternate contact) 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 _____

Photo and Vehicle Permission Statement:

I hereby give Marine View Presbyterian Church permission to publish pictures of my child to the MVPC website, newsletter, and Facebook pages. Additionally, I grant permission for my child to ride in vehicles driven by MVPC staff and volunteer leaders who are 21 years of age and older during youth events.

Parent/Guardian Signature _____