

ATTENTION ALL PARENTS

Please complete and return this form to the church, attention youth ministry. The form will be kept on file during the 2010-2011 youth ministry program year. Please update any change in telephone number/contact numbers prior to any church sponsored trips. *All youth participants must have a completed form on file in order to participate on any retreat or event involving travel!*

MEDICAL & LIABILITY RELEASE FORM

St. Luke's Presbyterian Church • 1978 Mt. Vernon Rd • Dunwoody, GA 30338

FAX: 770-393-3278 • Phone: 770-393-1424

This forms (1) gives permission for your child to travel away from the church on church-sponsored activities, which includes transportation in church owned or privately owned vehicles, and (2) gives the group leaders authorization to secure medical aid for your child should it be necessary.

I, _____, consent to allow _____
(Parent or guardian) (Minor's name)

to be transported from and to St. Luke's Presbyterian Church in church transportation for various youth activities. I hereby authorize any hospital, clinic, physician, doctor, nurse or technician to furnish my child, named above, any medical care treatment necessary as a result of injuries sustained or other emergency medical treatment as the circumstances require while being transported from and back to the church, and while at the place of destination. I hereby authorize a representative of the St. Luke's Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such a person responsible for any damages rising from the giving of such consent.

Signature of parent(s) or legal guardian(s) _____ Date _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Bus. Phone _____ Cell phone: _____

Email _____

My child may ride with another parent or advisor in his/her personal vehicle Yes No

Please list any health problems or allergies:

Please list any and all medications (name, dosage, prescribing doctor):

DATE OF BIRTH: _____

MEDICAL INSURANCE CO: _____

POLICY #: _____

REGULAR DOCTOR: _____

PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____

Please attach a copy of your child's insurance card (front and back).