

PRESBYTERY OF SOUTH LOUISIANA

YOUTH MEDICAL RELEASE AND PERMISSION FORM

***PLEASE PRINT IN INK, AND ATTACH A PHOTO COPY OF THE PARTICIPANT'S MEDICAL INSURANCE CARD (FRONT AND BACK).**

Participant's full name:			
Age:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birthday:	Year in School:
Participant's Email:			
Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		
Mother's Name:	Prim. Phone:	Sec. Phone:	
Father's Name:	Prim. Phone:	Sec. Phone:	
Mother's Email:	Father's Email:		
Emer. Contact:	Relation to participant:	Phone:	
Insurance Company:	Policy Holder:	Policy #:	
Primary Care Physician:	Preferred Hospital/ER:		

MEDICAL HISTORY:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Please submit this notification either written or typed, and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for the participant. If necessary, add another page with the details.

1. Does the participant have any allergies (i.e. pollens, medications, foods, insect bites)? ☐ Yes ☐ No

If yes, please describe allergy/ies and treatments:

2. Does the participant suffer from, or has ever experienced, or is being treated currently for any of the following:

☐ Asthma ☐ Epilepsy/Seizure ☐ Heart Trouble ☐ Diabetes

☐ Frequently Upset Stomach ☐ Physical Handicap Other: _____

3. Please list and explain any major illnesses the participant experienced in the last year:

4. Should this child's activities be restricted for any reason? If yes, please explain.

5. Date of last tetanus shot: _____

6. Does the participant wear glasses or contact lenses? ☐ Yes ☐ No

7. For the participant's safety and our knowledge, is the participant a—

☐ Good swimmer? ☐ Fair swimmer? ☐ Non-swimmer?

PARENT OR GUARDIAN PERMISSION:

That I, _____, the parent or guardian of _____, (the "Participant") by these presents do give my permission for the Participant to attend and participate in all Presbytery of South Louisiana activities, and for Presbytery of South Louisiana to provide any necessary transportation for this participant. I understand the schedule of events and know the costs involved.

I further understand that responsible adults will supervise their activities; however, I also recognize that accidents and/or illnesses occur. In the event of such accident and/or illness I recognize that it may be necessary to proceed with medical and/or dental treatment for the well being of my child. I hereby authorize the directors, employees and/or agents of Presbytery of South Louisiana to take my child to medical authorities and hereby authorize the attending physician, surgeon and/or dentist to exercise their professional judgment and assess the risk incident to the illness or injury and to choose the necessary treatment their professional judgment determines to be necessary for the health and well being of my child including, but not limited to, the administration of examinations, diagnostic tests and medication (including anesthetics), performance of surgery, and any and all medical and/or dental care of treatment deemed necessary, as though I personally was giving them my full approval and support. I further agree to assume responsibility for all medical bills resulting from any such medical treatment.

Further, should it be necessary for the participant to return home prior to schedule as a result of accident or illness, disciplinary action or otherwise, I hereby agree to assume responsibility for all transportation costs. I hereby release, forever discharge and agree to hold harmless Presbytery of South Louisiana, its directors, employees and/or agents from any and all liability, claims and demands, in the event of personal injury, sickness or death, as well as property damage and expenses of any nature or kind which may be incurred by the undersigned and the child participant that may occur while the participant is participating in the the Presbytery of South Louisiana activities.

The undersigned further agrees to hold harmless the Presbytery of South Louisiana, its directors, employees and agents for any liability sustained by said church as the result of negligent, willful or intentional acts of the participant, including any expenses incurred.

Parent or guardian name (printed): _____

Parent or guardian signature: _____

Date: _____

PARTICIPANT'S CODE OF CONDUCT COVENANT:

Because each participant is representing Presbytery of South Louisiana, Christ, and your own families, we expect each student to conform to these rules of conduct during sanctioned youth activities.

- Respect one another, staff, and adult leaders.
- Participation with the group is expected.
- Respect the Church's and other people's property.
- Respect and comply with event schedules and rules.
- No possession or use of alcohol, drugs, or tobacco.
- Participant must have parental permission to drive during youth events.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No boys in girls, sleeping quarters and no girls in boys, sleeping quarters.

Participants who fail to comply with these expectations may be sent home at their parents' expense.

I have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by those.

Participant's name (printed): _____

Participant's signature: _____

Date: _____

Parent or guardian signature: _____

Date: _____