## Palm Desert Community Presbyterian Church Youth Ministry 2017 – 2018 MEDICAL AND LIABILITY RELEASE FORM

(PLEASE PRINT LEGIBLY)

NAME			AGE	MALE	FEMALE	
NAME(PRINT LAST NAME)	(FIRST NAME)					
ADDRESS			BIRTHDATE			
CITYZIP_	E	MAIL ADDRESS				
HOME PHONE	C	ELL PHONE				
MOTHER/GUARDIAN	IER/GUARDIANEMAIL		PHONE #			
FATHER/GUARDIANEMAIL			PHONE #			
EMERCENCY CONTACT (OTHER THAN PARENTS)			PHONE #			
FAMILY DOCTOR			PHONE #			
HEALTH HISTORY List any allergies or physical conditions	s that might cause con	icern:				
Please give details (ie. include normal trea	tment of allergic reaction	ns)				
Name and dosage of any medications	that must be taken					
Any activity restrictions: Yes No	What restrictions?					
If your child should require medical atte to event, please give us the information						
If you have medical insurance, your ca child is on this event. Do you have Hea insurance company if Yes.	rrier will be billed for n alth Insurance? Yes	nedical charges NoI	in case of illn Please give n	ess or inju ame and a	ry while your ddress of	
Insurance Company		Policy Number				
Phone	Main Insured Social Security					

MEDICAL RELEASE:

In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Palm Desert Community Presbyterian Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release.

## LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT:

I hereby remise, release and forever discharge Palm Desert Community Presbyterian Church, its agents, servants and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might happen while attending a PDCPC event.

## STUDENT PHOTO RELEASE FORM

I, \_\_\_\_\_\_\_\_ (parent/guardian) give PDCPC permission to use my child's photograph or photographic image in official PDCPC business, including: Church web site, Church Facebook page, newsletters, graduation slideshows, etc. I understand that photographic images or video may be used for news organizations and promotional purposes. I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

Signature of Parent or Legal Guardian\_\_\_\_\_