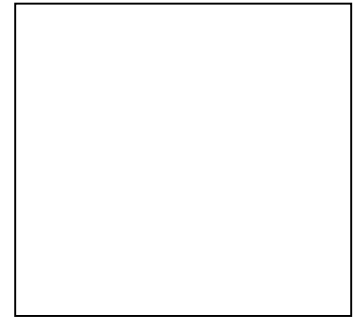


2008 - 2009
YOUTH MEDICAL RELEASE FORM
MT. PLEASANT PRESBYTERIAN CHURCH
(This form MUST be Notarized!)



(Youth Photo Here)

Name _____ Nickname _____
Age _____ Date of birth _____ Gender _____ Youth SS# _____
Address _____ Zip _____
Parent's Names _____
Mother's Address (if different) _____
Father's Address (if different) _____

PHONE NUMBERS

Home Phone _____ Youth Cell Phone _____
Mother's Cell _____ Mother's Work _____
Father's Cell _____ Father's Work _____

E-MAIL INFORMATION

Youth E-mail _____ Home E-mail _____
Mom's E-mail _____ Dad's E-mail _____

MEDICAL & ALLERGY INFORMATION

Known Allergies _____
(List any/all food, seasonal & drug allergies)
Medications _____
(List all medications taken regularly)
Dosage (mg) _____ How Often (times a day/hour) _____
Family Doctor _____ Office Phone _____

SCHOOL INFORMATION

Name of School _____ Grade _____
List School Activities you are involved in _____
Other Activities outside of school _____
Hobbies & Interests _____

Please complete the Other Side of this form also!

INSURANCE INFORMATION

Hospitalization Insurance Company _____ Phone _____
Address _____
Policy Under the Name of _____
Policy # _____ Group # _____
Policy Holder's S. S. # _____

IN CASE OF AN EMERGENCY

LIST THE NAME OF THE NEAREST RELATIVE / NEIGHBOR (CIRCLE ONE) TO BE CONTACTED

Name _____ Relationship _____
Cell Phone _____ Home Phone _____

RELEASE AND HOLD HARMLESS AGREEMENT

By my *signature*, I, _____, the parent or guardian of _____, grant my permission for him/her to participate fully in any activities or trips sponsored by Mount Pleasant Presbyterian Church. I understand that my signature carries with it the following:

- 1) An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
- 2) I knowingly release, absolve, indemnify and hold harmless Mount Pleasant Presbyterian Church from all claims that might result from any injury or death of my dependent/child. This agreement pertains to all programs and activities, including those where transportation is provided.
- 3) I knowingly release, absolve, indemnify and hold harmless all drivers for Mount Pleasant Presbyterian Church from all claims that might result from any injury or death of any minor.
- 4) Should medical help be needed, I agree to pay either directly or through my own personal health and accident insurance policy all medical or hospital costs occurring to my own child/dependent.

Signature _____

Before me, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed above and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____ in the year _____.

STATE OF SOUTH CAROLINA
COUNTY OF _____

Notary Public

Witness

My Commission Expires: _____