

Student Medical Emergency Release Form

First Presbyterian Church, 104 Scenic Hwy, Haines City, FL 33844

By filling out and signing this form, you give permission for your child to participate in programs or activities authorized by and carried out under supervision of the Family Ministries of First Presbyterian Church (FPC) of Haines City for the time period of **January 1, 2025 to December 31, 2025**. You also authorize any emergency medical treatment necessary as a result of participation in the programs or activities.

I, _____ the parent/guardian of _____
(date of birth) _____ Grade _____ School _____, give permission for _____ to participate in First Presbyterian Church of Haines City (FPC) Family Ministries programs and activities for the time period of **January 1, 2025 to December 31, 2025** and accept full responsibility for my child's participation. I also authorize and consent to any emergency X-ray examination, medical diagnosis or treatment that may be necessary, provided it shall be under the general or special supervision and on the advice of our family physician or, if it is not practical to reach our family physician, any nurse, emergency medical technician, or physician licensed to practice medicine. I release the volunteers and staff of FPC Haines City from responsibility and liability for any illness, injury, harm or loss, during approved activities. My child has my permission to be transported to and from activities in vehicles driven by approved volunteers and staff members.

| Parent/Guardian #1 Information | Parent/Guardian #2 Information |
|--|--|
| Name _____ | Name _____ |
| Relationship _____ | Relationship _____ |
| Home Phone _____ Work _____ | Home Phone _____ Work _____ |
| Cell Phone _____ | Cell Phone _____ |
| Email _____ | Email _____ |
| Address _____ | Address _____ |
| Child resides with Guardian #1 (circle one) ____ YES ____ NO | Child resides with Guardian #2 (circle one) ____ YES ____ NO |

May we contact you via email, phone, and text using the contact info above? YES NO

Alternate person to contact if I cannot be reached, relationship to child and their phone :

Name _____ Relationship _____ Phone _____

Medical/Health Insurance Company : _____

Policy or Group # : _____ Other Information : _____

Family Physician : _____ Phone #s : _____

Additional comments regarding medical history, necessary medications, allergies, penicillin or drug reactions, etc. which may be needed in any treatment:

| | | |
|---|--------------------|-------------|
| For youths and children under 12 years old, who else has permission to pick up your child? | | |
| Name _____ | Relationship _____ | Phone _____ |
| Name _____ | Relationship _____ | Phone _____ |
| Name _____ | Relationship _____ | Phone _____ |

PLEASE LET US KNOW AS SOON AS ANY INFORMATION CHANGES! THANK YOU!

Proceed to page 2.

- I give my permission for my child's picture to be taken as a part of the FPC Haines City activities and to be used in internal church communications.
- I give my permission for my child's picture to be taken as a part of the FPC Haines City activities and to be used in any promotion of FPC Haines City activities including the website.

Signature of Child Participant _____ Date _____

Signature of Parent or Legal Guardian _____ Date _____

To be signed in the witness of a notary public:

I hereby release and discharge the Youth Ministry, Children's Ministry, and Family Ministries of First Presbyterian Church of Haines City and the First Presbyterian Church of Haines City from any and all claims, demands or causes of action that I have in connection with the use and exercise of the rights granted in this release.

Signature of Parent or Legal Guardian _____

Date _____

To be filled out by Notary:

State of _____

County of _____

I, _____ Notary Public in and for said county, do hereby certify on

this _____, day of _____, _____, _____,
(day) (month) (year) (signer)

personally known to me to be the same person as shown on the above document appeared before me in person and acknowledged that he/she executed the above instrument as his/her free and voluntary act.

In witness thereof, I have hereunto set my hand and seal the day and year last written above.

Notary Public

My commission expires