

# 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, 2022 to December 31, 2022**. 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, 2022 to December 31, 2022** 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>For youths and children under 12 years old, who else has permission to pick up your child?</b>		
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