



Annual Activity Release/Emergency Medical Form

Program Year 2008–2009

**First Presbyterian Church
125 Garden Street
Mount Holly, NJ 08060**

This form will be on file in the church office for the current program year. An additional *Permission to Participate* form will be sent home prior to each off-site event.

I give my permission for _____, to participate in all on-site activities as well as all church-sponsored events away from the church premises for the program year September 1, 2008 through August 31, 2009. Teens will be accompanied by authorized adults and will be under adequate supervision. I understand that I will be given at least 48 hours notice of all trips away from the church premises.

Although the church desires to provide a safe and enjoyable time for all young people, accidents can still happen. I/we understand that there are risks/dangers involved with participation in both on- and off-site activities. In consideration of my child being allowed to participate in this event, I/we assume responsibility for those ordinary and reasonable risks associated with the travel and activities. I/we agree to hold harmless First Presbyterian Church, its affiliated organizations, employees, agents, and representatives, including volunteer and other drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional (criminal) misconduct or gross negligence by the church, its employees, or volunteers. If such circumstances are proved in a court of law, I/we acknowledge and agree that the church can assume no financial liability beyond its actual liability insurance policy in force.

In case of accident, illness, or other emergency, I/we request that the church contact me/us. If the church cannot reach a parent/guardian after conscientious effort, I/we give permission for church staff/volunteer leaders to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for church staff/volunteer leaders to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment, and hospital care which, in the best judgment of a licensed physician or dentist, is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation.

If the child lives with both parents, the release must be signed by both parents/guardians.

Father/Guardian's Signature and Date

Mother/Guardian's Signature and Date

Name Printed: _____

Name Printed: _____

Witnessed by: _____

Date: _____

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Health insurance carrier: _____

Policy #: _____

Under the name of: _____

Relationship: _____

Allergies (including reactions to medication): _____

Medication being taken: _____

Preferred hospital: _____ Date of last tetanus shot: _____

Are there any physical or medical conditions we should know about not already stated? _____

Home Phone: _____ Home Address: _____

Father's work phone: _____ Father's cell phone: _____ Father's pager: _____

Mother's work phone: _____ Mother's cell phone: _____ Mother's pager: _____

In case of emergency, who is your nearest relative/neighbor we should contact if we are unable to reach you at home or work?

Name: _____ Relationship: _____ Phone: _____