

FIRST & CALVARY PRESBYTERIAN CHURCH
820 Cherry Street
Springfield, MO 65806

PARENTAL CONSENT, MEDICAL AUTHORIZATION AND RELEASE

Name of Minor Child	Age	Birth Date	Grade
Address	City	State	Zip
Home Phone	Cell Phone	Email	

The undersigned hereby give our consent to and authorize our minor child named above to participate in all events conducted by the First and Calvary Presbyterian Church (the "Church"). We further authorize our minor child to travel with representatives of the Church in private or other vehicles to any such events so conducted.

If a parent, family physician, or dentist cannot be contacted promptly, and a medical or dental emergency has been determined to exist, the undersigned parent or guardian of the minor child named above hereby authorizes any representatives of the Church for and on behalf of the undersigned, to consent to any X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and any hospital care deemed advisable and rendered by any licensed hospital or licensed physician. This authorization is given in advance of any such required care for purposes of empowering any such representative or officer of the Church to give the above described consent for any such medical or dental treatment as any physician, surgeon, or dentist may deem advisable, and to further authorize any physician, surgeon, or dentist to proceed with such medical treatment as he may deem advisable. We hereby agree to pay any all (~ all reasonable charges incurred as a result of any such medical or dental treatment and to hold the Church and its representatives and officials harmless therefrom.

The undersigned hereby release the Church and its authorized representatives and officials of and from any and all liability to the undersigned, or to our minor child, arising out of or in connection with activities related to the Church, or any travel connected therewith.

To the extent that the undersigned is prohibited by law or otherwise from releasing the Church from any liability to our minor child as set forth herein, we hereby agree to indemnify and hold harmless the Church and its representatives and officials of and from any such liability as may be imposed upon any of them.

By my signature below I also give F&C permission to use, reprint and produce any photographs or videos taken of my child during his/her participation in church activities. I understand that these images will remain anonymous and be used for ministry purposes only (such as church bulletins, church website and brochures).

NOTE: This consent must be signed by both parents unless one parent has sole or physical custody of the minor child pursuant to a valid Court Order. In that event, please insert the phrase "legal custody" beneath your signature.

Mother or Female Guardian _____ Date _____

Father or Male Guardian _____ Date _____

Physician _____ Physician's Phone Number _____

Insurance Company _____ Policy Number _____

Date of Last Tetanus _____

We MUST have a legible photo copy of BOTH FRONT and BACK side of your insurance card.

**HEALTH FORM
FIRST & CALVARY PRESBYTERIAN CHURCH**

Participant's Name: _____ Birth date: _____

Alternate emergency names & phone numbers: _____

Hospital Preference: _____

Are there any medical conditions requiring special care? _____

Are you currently taking any medications? Please list: _____

Allergies and medications: _____

Restricted activities: _____

PLEASE NOTIFY THE CHURCH OFFICE IN WRITING IF THERE ARE ANY ADDITIONS OR CORRECTIONS TO THIS INFORMATION, OR IF THERE ARE EVER ANY ACTIVITIES IN WHICH YOUR CHILD SHOULD NOT PARTICIPATE.

I/We hereby attest to the accuracy of this information and hereby grant permission for our child to participate in First & Calvary Youth Activities.

Parent's Signature: _____

Date: _____