

Emergency Information and Medical Release for YOUTH

Child #1 Name: _____ DOB: _____

Child #2 Name: _____ DOB: _____

Child #3 Name: _____ DOB: _____

PARENT/GUARDIAN INFORMATION (1):

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Address: _____

Work Phone: _____

PARENT/GUARDIAN INFORMATION (2):

Name: _____

Home Address: _____

Home Phone: _____

Cell Phone: _____

Employer: _____

Work Address: _____

Work Phone: _____

MEDICAL INFORMATION (you may use the reverse side of this form if necessary):

ALLERGIES

MEDICATIONS

MEDICAL CONDITIONS

Child #1: _____

Child #2: _____

Child #3: _____

Primary Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Insurance Carrier: _____ Policy/Group #: _____

Carrier Phone: _____ Policyholder's Name: _____

IF PARENT/GUARDIAN CANNOT BE REACHED IN AN EMERGENCY, CONTACT:

Contact #1 _____ Phone: _____ Rel. to Child: _____

Contact #2 _____ Phone: _____ Rel. to Child: _____

By initialing in the box to the left, I authorize photographs of my child participating in FPC events to be used in church promotional materials, including the church website.

I, the undersigned, give permission for my child/ren to attend functions with the First Presbyterian Church of Stillwater, Oklahoma. In case of an emergency, I give my permission for the adult chaperones and/or staff of the church to obtain emergency medical care for my child if necessary.

Signed: ✕ _____ Date: _____

First Presbyterian Church / 524 South Duncan Street / Stillwater, OK 74074 / (405) 372-5580

OFFICE USE ONLY: Completed _____

Update # 1 _____ Update # 2 _____

Update # 3 _____ Update # 4 _____