

Saint Andrew's Presbyterian Church * 301 Avenue D
Redondo Beach, CA 90277 * 310-540-5252

2008-2009 Emergency Form

Valid September 2008 – October 2009 (note: if information changes please submit new form)

Student Name _____ Birth date _____
Mailing Address _____ City _____ Zip _____
Grade in Fall 2008 _____ School Attending _____ Gender _____
Parent/Guardian Names _____
Home Phone _____ Student Cell Phone _____
Mother's Contact Phone _____ Father's Contact Phone _____
Emergency back-up contact name _____
Phone number of contact name _____

Throughout the year we will need to contact parents AND students through e-mail.
Please PRINT information carefully and clearly distinguish between letters and numbers.

Parent email _____
Student email _____

MEDICAL INFORMATION AND RELEASE

Doctor's Name _____ Phone () _____
Medical Insurance Company _____ Policy # _____
List all allergies _____
List all medications _____
List all surgeries _____
Conditions / restrictions that might affect my student's participation _____

I, _____ give my permission for _____
(Parent or Guardian) (Student Name)

to participate with other youth and adults from Saint Andrew's Presbyterian Church on any and all events or trips that will occur from **September 2008 through October 2009**. In the unlikely event of an emergency, I give my permission for my student to be treated by an accredited physician in an approved emergency clinic or hospital. I designate the adult leaders for the group with the authority to act on my behalf and order appropriate treatment. I further release from any liability the Presbytery of the Pacific and Saint Andrew's Presbyterian Church and its officers and approved emergency clinic leadership, in the event of any accident en route during and returning from these events. I expect to be contacted as soon as possible.

* If we cannot provide proof of medical insurance, I will sign a waiver releasing liability (see back)

Signature of Parent or Guardian

Date signed

Liability Waiver 2008-2009

NOTE: Please complete and sign only if you do not have medical insurance for your student.

I _____ do not have medical insurance for my
(Parent/Guardian)

Child _____ I understand that by my child attending any youth
(Student)

events that the Saint Andrew's Presbyterian Church and the Presbytery of the Pacific will not be responsible for any emergency medical expenses incurred. I also understand that Saint Andrew's Presbyterian Church and the Presbytery of the Pacific will not be held liable for my child's actions that might involve a law suit.

Parent Signature _____

Date _____