

## Emergency Information and Release Form

Youth Ministries / St. Andrew's Presbyterian Church

This completed form is required to be on file with the Youth Ministries Department prior to the scheduled event.  
A copy will also be carried by the responsible party to the scheduled event.

Name: \_\_\_\_\_ Ph# \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Parents Work # ( ) \_\_\_\_\_

Family Physician: \_\_\_\_\_ Ph. # ( ) \_\_\_\_\_

Health Care Agency: \_\_\_\_\_

Policy/Card #: \_\_\_\_\_ Date of Last Tetanus Shot \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Problems/Concerns: \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

Emergency Contact (other then parents) Name: \_\_\_\_\_

Phone #: H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

### Parent Consent/Authorization for Treatment of A Minor

I parent/guardian of: \_\_\_\_\_ do hereby give my permission for the following to be provided when participating in any activity sponsored by the St. Andrew's Presbyterian Church:

1. Transportation (bus or car)

2. Any Medical assistance (examination, diagnosis, x-ray, treatment, anesthetic, etc.) deemed advisable or necessary by or under the general or special supervision of the Medical Practice Act, either in his/her office or at said hospital. This authorization is given in advance of any required care to empower the agent to give consent for such treatment as the physician may deem advisable.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I understand that the adults supervising St. Andrew's Presbyterian Church related youth events retain the right to send my child home from an event if the youth is guilty of major or persistent insubordination with regard to specified guidelines (examples include but are not limited to, drug or alcohol use, sexual impropriety, or violence) I further understand that I will be liable for any transportation expense incurred in accordance with this policy. Moreover, I understand that I will be notified prior to my child being sent home, and from the moment the child departs from the location of the event, whether in public or private transportation, he or she will be my responsibility:

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_