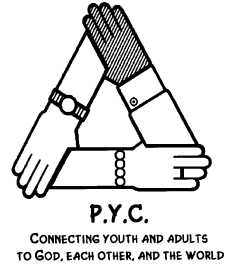


Attention All Parents!



Please complete and return this form to the church, attention youth ministry. The form will be kept on file during the _____ youth ministry program year. Please update any change in telephone / contact numbers prior to any church sponsored trips. **All youth participants must have a completed form on file in order to participate on any retreat or event involving travel!**

MEDICAL & LIABILITY RELEASE FORM

Unity Presbyterian Church • 303 Tom Hall St. • PO BOX 1267 • Fort Mill SC 29716
FAX (803-547-7825)

This form (1) gives permission for your child to travel away from the church on church-sponsored activities, which includes transportation in church owned or privately owned vehicles, and (2) gives the group leaders authorization to secure medical aid for your child should it be necessary.

I, _____, consent to allow _____
(Parent or guardian) (Minor's name)

to be transported from and to Unity Presbyterian Church in church transportation for various youth activities. I hereby authorize any hospital, clinic, physician, doctor, nurse or technician to furnish my child, named above, any medical care treatment necessary as a result of injuries sustained or other emergency medical treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize a representative of the Unity Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I can not be reached by telephone or there is not time or opportunity to make such a telephone call. I agree not to hold such a person responsible for any damages arising from the giving of such consent.

Signature of parent(s) or legal guardian(s) _____ Date _____

Address _____

City _____ State _____ Zip _____ Cell phone #1 _____

Home Phone _____ Business Phone _____ Cell phone #2 _____

My child may ride with another parent or advisor in his/her personal vehicle yes no

My child may drive his/her personal vehicle on church-sponsored activities yes no

My child may ride with another youth in his/her personal vehicle on church-sponsored activities if necessary yes no

Please list any health problems or allergies:

Please list any and all medications (name, dose, prescribing doctor)

CHILD'S SOCIAL SECURITY # _____ DATE OF BIRTH _____

MEDICAL INSURANCE CO: _____ POLICY # _____

REGULAR DOCTOR: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____