



# First Presbyterian Church

R I V E R F O R E S T

## Medical Release / Permission Slip

**EVENT:** \_\_\_\_\_ **DATES:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

I give permission for my son/daughter to attend these Youth Events with the church. In the event of an emergency, I understand that every attempt will be made to reach me. If I cannot be reached, I hereby authorize the necessary emergency medical treatment of my child. I give permission to the staff or sponsors to secure services of a licensed physician to provide care necessary for my child's well-being. I agree that First Presbyterian Church of River Forest and its personnel shall not assume responsibility for any damages, expenses, or liability arising from any illness or injury suffered by my child during this event. I shall hold the church and its personnel harmless from such costs and expenses.

Please describe any of your child's current medications or medical conditions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Numbers to call in case of emergency: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Doctor's Name/Number: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Member ID: \_\_\_\_\_

Group Number: \_\_\_\_\_