

SPY Medical Form and Release
Sharon Presbyterian Church
5201 Sharon Road
Charlotte, NC 28210
704-553-0869
office@sharonpcusa.org

Please complete both pages of this form

Youth's Name: _____

Date of Birth: _____ **Home Phone:** () _____

Age: _____ **Grade:** _____

Parent's email address(es): _____

Youth's email address: _____

I myself and on behalf of my child do hereby release and agree to hold harmless Sharon Presbyterian Church and all representatives thereof from all liability, claims or demands of any nature which may be incurred by the undersigned and the child-participant that occur while said child is participating in any activity with the Sharon Presbyterian Youth (SPY).

In the event my child becomes ill or sustains an injury while on an outing from Sharon Presbyterian Church, I, the undersigned, give my permission to those in charge to take whatever steps are necessary to stop any bleeding and to administer first aid.

I hereby give my consent to Sharon Presbyterian Church adult youth advisors to act in loco parentis when, upon the advice of a physician, surgeon and/or dentist, medical, surgical or dental care is required for _____ (youth's name), and I will assume all financial responsibility.

I consent to an x-ray examination, anesthetic, medical (or dental) or surgical diagnosis and treatment in hospital care or in a physician's office, and the administration of medicine to my child under the general or specialized supervision and upon the advice of a duly licensed physician, surgeon, and/or dentist.

Further, I give my child permission to attend Sharon Presbyterian Youth programs and to engage in all activities related to such. I myself and on behalf of my child do assume all risks of any nature as a result of participation in any activities involved therein. My child will wear a properly fastened seat belt at all times when traveling with the Youth. I understand that photographs of my child may be made during youth events. I give permission for the photographs to be used in an appropriate manner in the newsletter or on the web site of Sharon Presbyterian Church.

Date

Signature of Parent/Legal Guardian

(continued on next page)

Please complete the following (Please print):

Medical Insurance Carrier: _____

Insurance Carrier's Phone Number and Address including area code: _____

Policy Holder's Name: _____

Policy Number: _____ **Group Number:** _____

Please photocopy the front and back of your child's most recent health insurance card and attach it to this form.

Name and Phone Number of Family Physician: () _____

Parent's/Guardian's Name:

Work Phone Number: () _____

Mobile Phone Number: () _____

Parent's/Guardian's Name: _____

Work Phone Number: () _____

Mobile Phone Number: () _____

Alternate Name(s) and Phone Number(s) in Case of Emergency:

_____ () _____

_____ () _____

_____ () _____

Date of Most Recent Tetanus Shot: _____

Any special information we need to be aware of for the care of your child (allergic reactions to medications, foods, or insect bites; medical conditions; current medications; past surgeries, etc.):