

**NEWNAN PRESBYTERIAN CHURCH
MEDICAL INFORMATION/ GENERAL RELEASE FORM**

Student's name: _____

Student's date of birth: _____ Age: _____

Please complete the following:

Name of parent or guardian: _____

Home address: _____

Home phone: _____ Work phone: _____

If you are unable to be reached while your student is participating in a Newnan Presbyterian Church event, who will take responsibility of your student in case of a medical emergency?

Name: _____ Phone: _____

Relationship to student: _____

1. Does your student take any medication on a regular basis? If so, please list what types:

2. Is your student allergic to any medications? If so, please list what types:

3. Does your student have any other allergies? _____

4. Does your student have any type of physical handicap? _____

(If so, state the nature of the handicap on the reverse side of this form.)

5. Are there any activities in which your student should not participate? _____

(If so, please list on the reverse side of this form.)

6. Does your student have asthma, hay fever or any other type of respiratory problems?

(If so, please explain on the reverse side.)

Insurance information:

Policy Provider: _____

Policy Number: _____ Policy Holder: _____

In case there is not time for me to be contacted, I hereby give my consent for EMERGENCY MEDICAL CARE for my student while he/she is participating in student events at Newnan Presbyterian Church. Furthermore, I also hereby release, remise, waive, and forever discharge Newnan Presbyterian Church together with all of its officers, agents, officials, and employees for any and all liability, claims, demands, actions, or causes of action whatsoever, arising out of or related to any injury, illness, loss or damage, including death, relating to participation in Newnan Presbyterian Church's student programs.

Signature of parent or guardian

Date