

**First Presbyterian Church of Sanford  
Health History and Release Form**

Student's Name (first, middle, last) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade for 2016-17 \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Is it okay to text the student during non-school hours? (circle one) Yes No

Guardian Cell Phone \_\_\_\_\_ Guardian Email \_\_\_\_\_

Is it okay to text the parent/guardian? (circle one) Yes No

Parent/Guardian Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Secondary Contact in Case of Emergency Name \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Medical Information**

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Policy Holder's ID # \_\_\_\_\_

Physician Name \_\_\_\_\_ Number \_\_\_\_\_

Dentist Name \_\_\_\_\_ Number \_\_\_\_\_

**Please use the space below to describe any special concerns we should be aware of.**

**Permissions**

I do hereby certify that my child, \_\_\_\_\_ has permission to participate:

in all trips planned by First Presbyterian Church of Sanford, NC between September 1, 2016 and August 31, 2017                    \_\_\_\_\_ yes                    \_\_\_\_\_ no

in church communications, including pictures on our website, newsletter, newspaper photographs, and social media                    \_\_\_\_\_ yes                    \_\_\_\_\_ no

I understand that it is the expectation of First Presbyterian Church of Sanford, NC that my child will remain for the duration of the scheduled event unless they, or their parents, notify the adult leadership of the event. I give consent to the adults responsible for the event to set guidelines regarding appropriate standards of behavior, and understand that failure to adhere to those standards may result in my child being disqualified from event participation.

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation with First Presbyterian Church of Sanford, NC, every reasonable effort will be made to contact the persons listed on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless specified otherwise, consent/permission is hereby given to all accompanying adult volunteer leaders to secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of qualified medical personnel). Consideration should be given to those adults in attendance with the group.

I understand that I may be billed by the medical provider for any treatment expenses not covered by my insurance and that I am responsible for the payment of any medical bills.

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Signature of Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date