

Advent Presbyterian Church

Youth Department

1879 N. Germantown Pkwy.
Cordova, TN 38018
(901) 755-6290

STUDENT NAME: AGE: BIRTHDATE:

ADDRESS: CIRCLE: MALE FEMALE

CITY: STATE: ZIP: HM PHONE:

IN EMERGENCY, NOTIFY: PHONE

RELATIONSHIP TO STUDENT : WORK/CELL PHONE:

HEALTH HISTORY (please explain any condition we should be aware of)

Drug and Other Allergies (insect stings, ,food, etc.):

Normal Treatment of Allergic Reactions:

Please explain any other conditions & treatment (heart, diabetes, asthma, epilepsy, etc.)

Medication(s) currently taking, Dosage, Time of day to be given & Purpose for taking:

PERMISSION TO ADMINISTER OVER THE COUNTER MEDICATIONS

Occasionally a student becomes ill while in the care of the Advent Presbyterian Church Youth Department. In the event that my child, needs an over the counter medication for a minor illness, I give my permission for an over the counter medication to be administered by the youth director or other adult Advent youth advisor with the exception of medicines listed below.

Parent/Legal Guardian Signature

PLEASE LIST BELOW ANY MEDICATIONS YOU DO NOT WANT US TO GIVE YOUR CHILD—BE SPECIFIC

INSURANCE INFORMATION

Your Insurance Company: _____ Group Number: _____

ID/Policy Number: _____ Phone: _____

MINOR LIABILITY RELEASE

I give permission for my child, _____, to participate in all activities as part of the ministry of Advent Presbyterian Church of Cordova, TN. Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in A.P.C. activities including transportation to and from any location in connection with A.P.C. events. I also agree that I will not hold A.P.C. or its employees or volunteer workers or members liable for damages, losses or injuries to the minor named on this form. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release A.P.C. from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given by the youth pastor or other youth worker. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary. I understand that this form and my signature are for both medical and liability release.

Parent/Legal Guardian Signature _____

Print Signer's Name: _____

Local Person to contact if you cannot be reached in the event of an emergency:

Name: _____ Phone: _____

VALID EVENTS: All Advent Presbyterian Church Youth Group Events