First Presbyterian Church
224 Barnwell Avenue NW
Aiken, South Carolina 29801 803.648.2662 www.aikenpresbyterian.org

Medical and Liability Release Form

Student's Name: _____ Birthday (m/d/y): _____

Address: _____

City / State: _____ Zip Code: _____ Phone: _____

E-mail: _____ Cell (if not listed above): _____

Parent/Guardian Name(s): _____

Emergency Contacts:

1. Name: _____ Phone: _____
   Relationship: _____ Cell (if not listed above): _____
2. Name: _____ Phone: _____
   Relationship: _____ Cell (if not listed above): _____

Doctor Name & Contact Information: _____

Dentist Name & Contact Information: _____

Health Information/History:

❑ Insect allergies ❑ Frequent colds ❑ Heart Issues ❑ Asthma ❑ Hay fever ❑ Frequent Stomach upsets

❑ Diabetes ❑ Seizures Date of Last Seizure: _____ ❑ Physical Handicap _____

❑ Drug allergies: _____ ❑ Other: _____

Details concerning any of the above (as appropriate): _____

_____

Medications currently taking:

1. Name: _____ Dosage: _____ Time/frequency administered: _____
2. Name: _____ Dosage: _____ Time/frequency administered: _____
3. Name: _____ Dosage: _____ Time/frequency administered: _____

If medications are required to be taken during an event, would you like the staff/chaperone to hold the medication? ❑ No ❑ Yes

Swimming restrictions: ❑ No ❑ Yes, please explain: _____

Activity restrictions: ❑ No ❑ Yes, please explain: _____

Miscellaneous Information the Staff/Chaperones should know: _____

_____

(If additional space is needed, please use the back of this form.)

REMINDER: If there are ANY changes in any of the above information, notify the church staff immediately.

Please attach a copy of both sides your medical insurance card.

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Every activity sponsored by this Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precautions, unforeseen events may occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related activities. They also agree not to hold First Presbyterian Church of Aiken, its employees, or volunteer assistants liable for damages, losses or injuries to the person or property undersigned.

"I certify that the information provided on page one of this form is accurate and up-to-date. Any changes in that information will be given to the church staff in writing (email is permissible).

In the event I can not be reached in an emergency, I hereby give my permission to the physician/dentist listed on page one, or in the event they are not available, to the physician/dentist selected by the church leadership to secure treatment for my child as deemed necessary."

_____ _____
Parent or Guardian Signature Date

During any event sponsored by First Presbyterian Church of Aiken drugs, alcohol and/or any tobacco products will not be permitted. In the event any student is found in possession or under the influence of any of the above, he/she will be sent home at the expense of the parents - either by the parent coming to pick up the student or expenses for any other transportation.

I, the undersigned, agree to comply with all the rules and policies stated by First Presbyterian Church of Aiken and understand the penalties for any violation committed by the student.

_____ _____
Student Date

As the parent or guardian, I agree that I have all responsibility to pick up my student or pay any transportation costs in the event that he/she is sent home.

_____ _____
Parent or Guardian Signature Date

Please attach a copy of both sides your medical insurance card.