

LIABILITY MEDICAL CONSENT FORM

Name of Minor

PART I - CONSENT AND RELEASE FROM LIABILITY

I, _____, the parent of the above-named minor, hereby acknowledge that it is my desire for my child to participate in church-sponsored activities at the Pinnacle Presbyterian Church, including activities on and/or away from the church premises, as well as transportation to and from such activities.

MY CHILD IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, I hereby release and discharge Pinnacle Presbyterian Church, its officers, employees, agents, and members of the Session from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assignees now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Session, before or during my child's participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I also give my permission for images of my child, captured during regular and special church activities through video, photo and digital camera to be used solely for the purposes of Pinnacle Presbyterian Church promotional material and publications whether electronic, print, digital or electronic publishing via the Internet, and waive any rights of compensation or owner thereto.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

Parent(s) or Guardian(s) Signature

Date

PART II - MEDICAL AUTHORIZATION

The undersigned do hereby authorize Pinnacle Presbyterian Church Staff Member or such substitute as he/she may designate, as agent for the undersigned, to consent to any X-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care for the above named minor which is deemed advisable by and to be rendered under the general or special supervision of any licensed physician, surgeon, or dentist whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, camp, or elsewhere.

The undersigned also authorizes the leader of the event/trip and/or the trip sponsors to administer first-aid treatment as deemed necessary in the absence of a physician.

The undersigned also authorizes Pinnacle Presbyterian Church Staff Member or his/her designated agent to administer aspirin, Tylenol, and/or other over-the-counter drugs to the above minor, as appropriate, except:

The undersigned assumes complete financial responsibility for any and all care rendered or otherwise provided under this authorization.

This authorization will remain effective while the above minor is enroute to and from or involved with or participating in program events related to the Pinnacle Presbyterian Church and effective from the date next to the signature of parent or legal guardian and will be valid until revoked in writing by the undersigned, and delivered to the aforesaid agent. This authorization shall not be affected by the death or disability of the undersigned.

Allergies/Major Medical Problems/Indicate Any Activity Restrictions
(information may be provided on additional page, if necessary)

Medication(s) currently being used

Date of most recent Tetanus Shot

Insurance Company

Responsible Party & Policy Number

Family Physician's name

Physician's Phone Number

Physicians Street Address

City

State

Zip

Parent(s) or Guardian(s) Signature

Date

**Modified 2021
PART III - CONTACT INFORMATION**

Name of Minor

Full Legal Name of Minor

Date of Birth

Current Grade

Home Phone #

Minor's Cell Phone

Minor's Email Address

Street Address

City

State

Zip

Parent/Guardian's Name

Home Phone #

Cell Phone #

Email Address

Parent/Guardian's Name

Home Phone #

Cell Phone #

Email Address

Child may be released to or called in case of emergency:

Name

Address

Relationship to child

Home Phone #

Cell Phone #

Name

Address

Relationship to child

Home Phone #

Cell Phone #

Name

Address

Relationship to child

Home Phone #

Cell Phone #

My Child may NOT be released to the following:

Continuation of Allergies/Major Medical Problems/Indicate Any Activity Restrictions:

Parent(s) or Guardian(s) Signature

Date

