

Medical Release and Participation Waiver
September 1, 2010 through September 1, 2011

The undersigned parent(s) or legal guardian(s) of (student Name)

_____, herein referred to as "Student", do hereby authorize said student to travel with the Tuskawilla Presbyterian Youth Program on planned activities as part of the Tuskawilla Presbyterian Church Fellowship/Service Program sponsored by Tuskawilla Presbyterian, hereinafter referred to as the "Church", from September 1, 2010 through September 1, 2011 and do hereby waive and release the church, its representatives, and successors from all claims or liabilities, expenses, and/or damages of any kind arising from my child or ward's participation in said trips. Further, the undersigned hereby grants unto (youth leaders) Andrew Mills, Susan Baccus, Chris Murphy and authorized parent chaperones, as representatives of the Church, and any other representatives of the church who are in charge of said trip, full power, authority, rights and privileges to care for above student during said trip. The undersigned agree to be responsible for any such medical care incurred by the above student and will save and hold harmless the church from the costs of such medical care. Furthermore, I have attached my child's medical form.

Name of Parent or Guardian

Signature

Name of Parent or Guardian

Signature

State of Florida, County of Seminole

Before me personally appeared _____ and _____

To me well known to be the person(s) described in and who executed the forgoing instrument, and acknowledged to and before me that they executed said instrument for the purposes therein expressed.

Witness my hand and seal this _____ day of _____, _____

Notary Public, State of Florida

Tuskawilla Presbyterian Church
Medical Information

Name: _____	Age: _____
Address: _____	
Telephone Numbers: _____	
Date of Birth: _____ Emergency Contact & Number: _____	

Parent or Guardian Name(s) _____	
Cell Phone# _____	e-mail _____
Insurance Company: _____	Policy # _____
Doctor's name _____	Phone # _____

Please complete the remainder of this form and update when necessary:

If you are taking prescribed medication, please provide adequate instructions as it relates to the medication.

1. Type of Medication(s) _____

2. Dosage: _____

3. Indicate all things that should be remembered when taking the medication, what peculiarities to watch for before, during, and after medication (if any): _____

4. If you are hypersensitive, allergic, or have had severe/adverse reactions to medications, food, tetanus, etc., please indicate agent, type of reaction and medication given: _____

5. Please list any special health problems including any allergies not covered above which may be useful in the event of injury or illness: _____

6. Do you have or have you ever had:

Fainting Spells appendicitis Loss of Consciousness
 arthritis/rheumatism dislocation chronic/frequent cough
 concussion/head injury skin disease anemia
 heart disease hay fever other: _____

7. Are you diabetic? _____, subject to convulsions? _____, and/or do you have a fear of heights or other phobia? _____, If yes to above, please explain _____

8. List Surgeries (if applicable) _____

Permission to take Medication:

I hereby grant permission to allow _____ to take the above medication(s). All prescriptive medicine has been directed by _____ (Physician's name). Any non-prescription medicine in this form has been approved by the same doctor or myself.

Signed: _____ Date: _____

Note: Original to be kept in the Youth Director's office; duplicate to youth group leaders.