



# Annual Medical Release Form

## Youth Ministry | Adults

June 1, 2021 - August 31, 2022

I, \_\_\_\_\_, may take part in youth group, Sunday School, retreats, lock ins, mission trips, ski trips, or any other excursions, recognizing that I am the required appropriate supervision of Pine Ridge Presbyterian Church for youth, as an Adult Volunteer, Mentor, etc..

\_\_\_\_\_

Home Address

City

State

Zip Code

\_\_\_\_\_

Email Address

Do you want emails from Youth Ministry? Yes No

\_\_\_\_\_

Cell Phone

Do you want texts from Youth Ministry? Yes No

\_\_\_\_\_

DOB

I give Pine Ridge Presbyterian Church permission to use my image on publications: Yes No

\_\_\_\_\_

Emergency Contact /Relationship

\_\_\_\_\_

Phone

\_\_\_\_\_

Secondary Emergency Contact /Relationship

\_\_\_\_\_

Phone

\_\_\_\_\_

Primary Doctor's Name

\_\_\_\_\_

Phone

Date of last tetanus or booster shot \_\_\_\_\_

**Medical Information**

Name of medication(s) and dosage(s)

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Reason for medication(s)

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*I understand that Pine Ridge Presbyterian Church, its employees, and volunteers, are not responsible for administering medication to me, and that they are not liable if I take the wrong dosage of medication. However, employees and volunteers are able to administer over the counter medications as needed. I also understand that if I attend Pine Ridge Presbyterian Church programming with a hypodermic needle, it needs to be kept in an enclosed package.*

List all allergies and/or diet restrictions

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Specify and describe any special health, learning, or behavioral conditions.

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**Authorization and Release - Authorization for Emergency Medical Treatment and Release of Liability**

I \_\_\_\_\_, hereby authorize a representative of Pine Ridge Presbyterian Church to give consent for medical treatment for me in the event of illness or injury. "I hereby release Pine Ridge Presbyterian Church, its employees and volunteers for any such treatment provided to me. I further release Pine Ridge Presbyterian Church, its employees, and its volunteers from any liability in the event of any accident en route, during, or returning from any church event and/or trips. In case of emergency, I understand that every effort will be made to contact my Emergency Contact. In the event that they cannot be reached, I hereby give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, surgery for myself. This notarized authorization is effective for the individual(s) named above for the period of June 1, 2021 – August 31, 2022

*All information must be completed. To maintain privacy, this form will be kept in the youth office and needs to be updated each year. At the end of the year, our old records will be destroyed.*

\_\_\_\_\_  
Your Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed and sworn to [or affirmed] before me on \_\_\_\_\_, 20\_\_\_\_\_

By \_\_\_\_\_

\_\_\_\_\_  
(Notary's official signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Commission Expiration)