



Annual Medical Release Form

Youth Ministry

June 1, 2021 - August 31, 2022

My youth, _____, may take part in youth group, Sunday School, retreats, lock ins, mission trips, ski trips, or any other excursions under appropriate supervision of a representative of Pine Ridge Presbyterian Church.

Youth Home Address City State Zip Code

Youth's Email Address Do you want emails from Youth Ministry? Yes No

Youth's cell phone Do you want texts from Youth Ministry? Yes No

Youth's DOB Youth's Grade Youth's School

Parent/Guardian name DOB Primary Phone Additional Phone

Parent/Guardian name DOB Primary Phone Additional Phone

Parent/Guardian Home address *if different from child* City State Zip Code

Parent/Guardian email address

Parent/Guardian email address

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

Emergency Contact /Relationship (in case parents cannot be reached) Phone

Youth's Primary Doctor's Name Phone

Date of child's last tetanus or booster shot _____

Name of medication(s) and dosage(s)

Reason for medication(s)

I understand that Pine Ridge Presbyterian Church, its employees, and volunteers, are not responsible for administering medication to my child, and that they are not liable if my child takes the wrong dosage of medication. However, employees and volunteers are able to administer over the counter medications as needed. I also understand that if my child attends Pine Ridge Presbyterian Church programming with a hypodermic needle, it needs to be kept in an enclosed package. If appropriate, medication may be held by a staff person or designated leader. All hypodermic needles will be kept by a staff person or designated leader. In the event that my child needs medication, my child will let a staff person or designated leader know.

List all allergies and/or diet restrictions

Specify and describe your child's special health, learning, or behavioral condition as well as any special care we may need to administer.

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

I, (parents/guardians) _____, _____ hereby authorize a representative of Pine Ridge Presbyterian Church to give consent for medical treatment of our child, _____, in the event of illness or injury. I/we hereby release Pine Ridge Presbyterian Church, its employees and volunteers for any such treatment provided to my child. I/we 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/we understand that every effort will be made to contact me as a parent or guardian. In the event that I/we cannot be reached, I/we 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 my child. Furthermore, I/we understand that my child can be sent home for any reason. This notarized authorization is effective for the individual(s) named above for the period of June 1, 2021 through 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.

Signature of Parent(s) or Guardian

I/we give permission for my child _____ to be driven to/from home before/after a youth event when needed by Christina Rees-Fletcher or a trained youth volunteer.

Signature of Parent(s) or Guardian

State of _____
County of _____

Signed and sworn to [or affirmed] before me on _____, 20_____
By _____

(Notary's official signature)
(Title)
(Commission Expiration)