

FIRST PRESBYTERIAN CHURCH OF GLEN ELLYN

Special Event consent and release form

Medical release form

Sweatshirt size (xs-xl) _____

SPECIAL EVENT CONSENT AND RELEASE

I/We the parent(s) of _____

Give consent for this child of _____ years to attend the following event:

_____ sponsored for youth by the First Presbyterian Church of Glen Ellyn, Illinois on the date of:

I/We release the church from all liability, claims, or actions that may arise by reason of an incident or injury or accident which may occur during said event.

(parent/guardian signature)

(date)

_____ phone number(s) where parents can be reached in case of emergency

MEDICAL RELEASE

I/We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred.

Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

(parent/guardian signature)

(date)

_____ insurance company

_____ policy holder and number

_____ physician's name and number

_____ emergency contact name & number

my/our son/daughter has my/our permission to bring and use as prescribed the medications listed below:

Medications:

Time Taken:

Please describe any medical or dietary concerns your child may have:
