

Student Medical Info and Liability Release Form

Youth Mission and Ministry 2017-2018

University Presbyterian Church

Please note: This form must be filled out completely for your student to participate in any off-site events with The Rock or Edge ministries this school year. The information below is kept confidential and will be kept on file through July 1, 2018. Please notify staff of any changes to information during that time.

Student Name _____ Birth date _____

Medical Information

Please list and explain any health concerns, conditions, or activity limitations of which we should be aware:

Allergies

Food Allergies/ Restrictions (include vegetarian/vegan, and intolerances): _____

Medication Allergies: _____

Environmental Allergies: _____

Medications: Please list all medications student is currently taking: (additional can be added on back)

Medication	Condition	Dosage/Special Instructions

Emergency Contact Information

Parent/Guardian #1: _____

Cell or Home Phone: _____ email address: _____

Parent/Guardian #2: _____

Cell or Home Phone: _____ email address: _____

Liability and Release Information

I/We give my/our permission for my child to participate in the YMM school year 2017-2018 off-site activities. I/We wish to make clear our understanding that University Presbyterian Church, Seattle, Washington; and the leaders of these events are hereby relieved from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and absolve the church, service sites, and leaders and hold them harmless from any claim or demand which might be asserted in connection with YMM school year 2017-2018 off-site activities. In case of medical emergency, I/We hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by a leader of this trip, and efforts have been made to contact the participant's parents/guardians. I/We assume full responsibility for such care.

Parent/Guardian Signature: _____

Date: _____