

**YOUTH MEDICAL RELEASE & GENERAL RELEASE FORM**  
**FIRST PRESBYTERIAN CHURCH**  
Grapevine, Texas | 2019-2020 School Year

**PARENT/GUARDIAN NAME** \_\_\_\_\_

**Child1 Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_

**Child2 Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_

**Child3 Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_

**Child4 Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIPCODE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Other Health Concerns (vision, hearing, special needs):** \_\_\_\_\_

**Medications that must be taken while at Church Event:** \_\_\_\_\_

**INSURANCE INFORMATION**

**Company Name:** \_\_\_\_\_

**Member ID** \_\_\_\_\_ **Group ID** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**IN CASE OF EMERGENCY**

I understand that every effort will be made to contact parents or guardians. In the event a parent or guardian cannot be reached, I hereby give permission to the physician selected by an adult sponsors or Church staff to hospitalize, secure treatment for, and order injection, anesthesia, or surgery for the child(ren) named above.

\_\_\_\_\_  
**Parent / Guardian Signature**

\_\_\_\_\_  
**Date**

**Cell Phone** \_\_\_\_\_

In case guardian/parent is not available, please notify:

NAME: \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

Relationship: \_\_\_\_\_

**GENERAL RELEASE**

I (We) agree to permit the name and image (photograph and or video image) of the child/children named herein in photographic and video presentations, including the First Presbyterian Church Grapevine web site.

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date