

First Presbyterian Church of Longview

Youth

Medical Release

| | | |
|-------------------------------|---------------|-----------------------------|
| Name of Youth | Address | City, State, Zip |
| Area Code/Phone# | Date of Birth | Sex Age |
| Emergency Contact | Phone # | Student's Cell # (optional) |
| Hospitalization Insurance Co. | Policy # | Student's Email |

Date of last Tetanus Toxoid: _____

Any Medical Problems: _____

Daily Medications: _____

By my signature, I _____ the parent or legal guardian of
 _____ grant my permission for him/her to participate in First
 Presbyterian Church's activities. I understand that by my signature I contract and agree as follows:

1. I authorize any of the leaders to obtain any and all necessary medical and/or dental attention and/or treatment for me, if I am incapable of doing so for any reason including surgical procedure if advised by the attending physician.
2. I fully release, discharge, and waive any claim or right of action which I have or might later have arising from any negligent acts or omissions of First Presbyterian Church, any of its employees, agents, or any of the leaders arising out of any activity associated with church functions, including travel between home and church, excursions from church and activities associated with the church.
3. I agree to indemnify First Presbyterian Church and any of its employees and/or leaders for any damage that is incurred as a result of negligence or intentional acts on my part.

 Signature Date