

PERMISSION RELEASE/HEALTH AND SURGICAL EMERGENCY FORM

STATE OF SOUTH CAROLINA) ST. GILES PRESBYTERIAN CHURCH
COUNTY OF GREENVILLE) PERMISSION/RELEASE FORM

I/we do hereby, for myself/ourselves, my/our heirs, successors, and assigns, release and hold harmless St. Giles Presbyterian Church, its successors and assigns, and any of its officers, members, representatives, or agents from any and all liability and/or actions or causes of action which might arise from any accident which might occur or injuries that take place when my child or children

(NAME1) _____ SS NO.1 (optional) _____

(NAME2) _____ SS NO.2 (optional) _____

Participate in the following trip(s) to or programs:

- Bonclarken Middle School Retreat (October 2011)
- Walk For the Homeless (October 2011)
- Mattoon Presbyterian Community Day (8/7,11/6, 2/5, 6/3)
- Christmas Progressive Dinner (December 2011)
- Montreat Senior High Retreat (March 2012)
- Summer Excursion Adventure (June/July 2012)
- _____
- _____
- _____
- CROSS Mission Middle School (May 2012)
- Summer/Fall Retreat (2012)
- Senior High Mission (June 2012)
- Montreat Senior High Retreat (July 2012)
- Youth Basketball Program (2011-2012)
- _____
- _____
- _____

Under sponsorship of the St. Giles Presbyterian Church. I/we further authorize the St. Giles Presbyterian Church or any of its officers, members, representative, or agents to seek emergency medical care and/or treatment for my/our child or children and to admit my/our child or children to any hospital or other medical facility. If medical care and/or treatment is deemed necessary by a duly licenses health care provider, doctor, hospital, or clinic, I/we further authorize St. Giles Presbyterian Church, its officers, members, representative, or agents to consent to any such medical care and/or treatment.

SIGNED: _____ PHONE: (Home) _____
(Parent or legal guardian)

ADDRESS: _____ CITY/STATE/ZIP _____

PHONE: (Work) _____ (Cell) _____

HOSPITAL/MEDICAL INSURANCE CO. _____

POLICY # _____ NAME POLICY IS WRITTEN UNDER: _____

ADDRESS OF INSURANCE CO.. _____ CO. PHONE# _____

DATE OF LAST TETANUS SHOT: _____ ANY RESTRICTIONS: _____

ALLERGIES TO DRUGS/STINGS/FOOD/OTHER? _____

IS STUDENT ON ROUTINE MEDICATION? _____ NAME OF DRUG & DOSAGE _____

OTHER INFORMATION HELPFUL IN TREATING STUDENT FOR A MEDICAL PROBLEM: _____

PHYSICIAN'S NAME: _____ PHONE#: _____

NAME OF PHYSICIAN'S GROUP: _____

FOR YOUTH:

I understand that while on any trip with a youth group from St. Giles Presbyterian Church, no drugs or alcohol of any kind are permitted, and I agree to abide by this rule.

SIGNATURE OF YOUTH: _____ DATE: _____