

**FIRST PRESBYTERIAN CHURCH -7551 QUICK - RIVER FOREST, IL 60305 708-366-5822
MEDICAL RELEASE / PERMISSION SLIP**

Event Name _____
Date _____ Location _____

YOUTH'S NAME: _____ **DATE OF BIRTH:** _____

I GIVE PERMISSION FOR MY SON/DAUGHTER TO ATTEND THE EVENT WITH THE CHURCH GROUP. IN THE EVENT OF AN EMERGENCY, I UNDERSTAND THAT EVERY ATTEMPT WILL BE MADE TO REACH ME. IF I CANNOT BE REACHED, I HEREBY AUTHORIZE THE NECESSARY EMERGENCY MEDICAL TREATMENT OF MY CHILD. I GIVE PERMISSION TO THE STAFF OR SPONSORS TO SECURE SERVICES OF A LICENSED PHYSICIAN TO PROVIDE CARE NECESSARY FOR MY CHILD'S WELL BEING. I AGREE THAT FIRST PRESBYTERIAN CHURCH OF RIVER FOREST AND ITS PERSONNEL SHALL NOT ASSUME RESPONSIBILITY FOR ANY DAMAGES, EXPENSES OR LIABILITY ARISING FROM ANY ILLNESS OR INJURY SUFFERED BY MY CHILD DURING THIS EVENT. I SHALL HOLD THE CHURCH AND ITS PERSONNEL HARMLESS FROM SUCH COSTS AND EXPENSES.

PLEASE DESCRIBE ANY OF YOUR CHILD'S CURRENT MEDICATIONS OR MEDICAL CONDITIONS:

PARENT'S SIGNATURE: _____ **DATE:** _____

NUMBERS TO CALL IN CASE OF EMERGENCY: _____

DOCTOR'S NAME/NUMBER: _____

INSURANCE PROVIDER: _____ **POLICY NUMBER:** _____

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