

Salisbury Presbyterian Church

YOUTH EMERGENCY / RELEASE FORM – 2008

YOUTH NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ PHONE NO.: _____

LIST TWO PEOPLE TO CALL IN AN EMERGENCY IF YOU CAN'T BE REACHED:

NAME: _____ RELATION: _____

ADDRESS: _____ PHONE NO.: _____

NAME: _____ RELATION: _____

ADDRESS: _____ PHONE NO.: _____

DOCTOR: _____ PHONE NO.: _____

ALLERGIES / MEDICAL CONDITIONS:

PARENTS NAMES:

FATHER _____ PHONE (W): _____

PHONE (C): _____

MOTHER _____ PHONE (W): _____

PHONE (C): _____

MEDICATIONS CURRENTLY TAKING:

(a) _____ DOSAGE: _____

(b) _____ DOSAGE: _____

Salisbury Presbyterian Church

RELEASE FORM

I understand that my child will be participating in activities both at the church and at other locations and I support these activities with my prayers.

IN THE EVENT OF ILLNESS AND / OR INJURY INCURRED BY MY CHILD, _____, I AUTHORIZE THE YOUTH DIRECTOR AND / OR THE YOUTH COUNSELORS AND / OR PARENTS OF THE SALISBURY PRESBYTERIAN CHURCH YOUTH PROGRAM TO CONSENT TO EMERGENCY TREATMENT OR CARE OF MY YOUTH AND TO EXECUTE ANY DOCUMENTS IN MY NAME, PLACE AND STEAD TO ACCOMPLISH THIS PURPOSE. HOWEVER, THE ADMINISTRATORS OF THE SALISBURY PC YOUTH PROGRAM SHALL FIRST MAKE ALL REASONABLE EFFORTS TO INFORM ME OF SUCH ILLNESS OR INJURY AND OBTAIN INSTRUCTIONS RELATIVE TO THE CARE AND TREATMENT OF SAID MINOR YOUTH. SAID CARE OR TREATMENT SHALL BE PROVIDED BY A RESCUE SQUAD OR A THE NEAREST HOSPITAL. ALSO, I GIVE UP THE RIGHT TO HOLD ACCOUNTABLE SALISBURY PRESBYTERIAN CHURCH, ADULT LEADERS, OR THE OTHER YOUTH FOR ANY ACCIDENTAL OCCURRENCE.

Parent or Guardian Signature

Date

Insurance Company

Insurance Number

THE YOUTH COUNSELOR IN CHARGE HAS MY PERMISSION TO ADMINISTER THE FOLLOWING:

_____ Tylenol or non-aspirin pain reliever

_____ Medication that youth is currently taking

Name of medication: _____

Dosage: _____