

First Presbyterian Church

300 Main Street · Greenwood, MS 38930
Tel: 662.453.4680 · www.firstpresgwd.org

If requested, I or my youth may be given the following non-prescription medicines at normal adult dosage, if deemed necessary (check all that apply):

- _____ Acetaminophen (Tylenol)
- _____ Ibuprofen (Motrin, Advil)
- _____ Naproxen Sodium (Aleve)
- _____ Diphenhydramine (Benadryl)
- _____ Roloids/Tums
- _____ Pepto Bismol

I HEREBY RELEASE AND CONSENT to my or my child's participation in any youth activity and/or event and am aware that it may include participating in sporting, recreation, and/or construction related events.

I HEREBY GIVE MY PERMISSION for any videos and/or photographs taken of me or my child to be used in any First Presbyterian Church, Greenwood, publication, including, but not limited to the newsletter, worship bulletin, poster, website, or Facebook page.

I HEREBY CERTIFY that I am physically fit and capable of participating in any and all youth activities and/or events.

I HEREBY SPECIFICALLY RELEASE, waive, discharge, and covenant not to sue First Presbyterian Church, Greenwood, its staff, volunteers, agents, and/or governing bodies, for any action or causes of action, including, but not limited to, personal injury, property damage, or wrongful death, which may exist or which may hereafter arise during and/or following the participation in any youth activity and/or event.

IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the group leader to hospitalize and secure proper treatment for the registered person as named on this form.

Signature

Date

Signature of Parent/Guardian (if under the age of 18)

Date

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Medical Release and Consent

Name: _____

Address: _____

Parent: _____ Home: _____ Work: _____ Cell: _____

Parent: _____ Home: _____ Work: _____ Cell: _____

Medical Insurance Provider: _____ Policy/Group# _____

Subscriber Name: _____ ID# _____ Date of Birth: _____

Prescription Carrier: _____ RxBin: _____ RxGroup: _____

Subscriber Name: _____ ID# _____ Date of Birth: _____

If parent is not available, notify:

Name: _____ Home: _____ Work: _____ Cell: _____

Medical History

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Hospital: _____ Phone: _____

Chronic Illness(es): _____

Allergies: _____

Medications: _____

Important Information: _____

In the event of an emergency where medical treatment is required, I give my permission to any church staff member or adult chaperon representing First Presbyterian Church, Greenwood, Mississippi, to obtain the services of a licensed physician for the person named on this form. Please notify me immediately concerning any emergencies.

Signature

Date

Signature of Parent/Guardian (if under the age of 18)

Date