

2023-2024
Event Release Form
Westminster Presbyterian Church
Greenville, SC

Youth's Name

2023-2024 School Year Grade

Permission, Medical, and Liability Release Statement

I give my permission for my child to participate in any **local and/or out of town events** on any date with Westminster Presbyterian Church Youth Group.

- I understand that activities may involve risk of personal injury and/or property damage, or loss of person or property. And, I hereby waive and release all claims or rights against Westminster Presbyterian Church, its officers, directors, coordinators, adult advisors, and all owners of equipment which may be used in this event for any and all injury, damage, or loss of person or property incurred during this event.
- I understand that all participants are expected to conduct themselves in an appropriate manner and to obey the adult chaperones.
- I understand that I will be contacted as soon as possible concerning any medical or behavioral problem with my youth.
- I give my permission for, and will accept financial responsibility for, the adult chaperones to act on my behalf in the event of a medical emergency for my child.
- I have reviewed the information that is on the Medical Information Form and it is correct to the best of my knowledge.
- I authorize and consent for WPC to the use of images or videos of my child listed above, with or without their names, for purposes including but not limited to promotional materials, printed publications, internet posts including social media, television, and other media sources.

Parent/Guardian Signature

Date

Parent Contact Information

Parent/Guardian Name _____

Address _____

Home Phone # _____ Cell Phone # _____

Email _____

Emergency Contact Info (if parent/guardian is not available)

Name _____

Home Phone # _____ Cell Phone # _____

Relationship to Youth Named Above _____

2023-2024
Medical Information Form
Westminster Presbyterian Church
Greenville, SC

Youth's Name _____ Birth Date _____

Insurance Company _____ Policy # _____

Policy Holder's Name _____

Employer (if group plan) _____

Insurance phone # _____ Date of most recent Tetanus shot _____

Physician's Name _____ Phone # _____

Dentist's Name _____ Phone # _____

Current Medications & Schedule _____

Known allergies _____

Special Dietary needs _____

I give my permission for WPC staff/volunteer youth advisors/chaperones to provide my child with over-the-counter medication (Advil, Tylenol, Benadryl, Dramamine, Pepto Bismol, etc.)

Yes No **Parent Signature:** _____

Special needs or medical needs that we should be aware of _____

Check if youth named above has a history with these medical conditions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Blood Pressure Problem | <input type="checkbox"/> Kidney Problem |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Ulcers | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Lung Problem | <input type="checkbox"/> Fainting | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Bee Sting Reaction | <input type="checkbox"/> Cancer | <input type="checkbox"/> Heart Disease |
| <input type="checkbox"/> Sulpha Drug or Penicillin Allergic Reaction | <input type="checkbox"/> Food Allergies _____ | |

Other Pertinent Medical History _____