

- Student / Parents are Members of PLCPC
- Jr. High
- Sr. High

Student's Email: _____

Parent's Email: _____

Student Medical Information 2009-2010

Name _____ Sex: ____ High School Grad. Yr: _____ Date of Birth: ____/____/____

Address _____ Zip code: _____

Home Phone _____ Student's Cell Phone: _____ Text Messaging: Yes No

Mother's Name _____ Home Phone _____ Cell _____

Father's Name _____ Home Phone _____ Cell _____

Alternate Contact _____ Phone _____

Allergies (Food/Medication/Other) _____

Current Medications _____

Medical History (Please list any prior serious illness or injury) _____

Any Additional Medical Information _____

Date of Last Tetanus Shot ____/____/____ Medical Insurance _____ Policy # _____

I understand and acknowledge that my failure to disclose relevant information may result in harm to myself and others. I agree to indemnify and hold harmless the Church and its affiliates and other agents from any claims I may make for personal injuries or death of such minor and from the claims of third parties whose injury or death such minor may have contributed to or caused as a result of such minor's failure to disclose any such information, I represent and warrant that I have provided all material and important information to the Church pertaining to such minor's medical, mental, and physical conditions, in view of such minor's participation. I further represent and warrant that this information is complete and accurate.

Date _____

(Signature of Parent or Guardian)

(Print Name)

Point Loma Community Presbyterian Church

Assumption of risks and liability release

Parental consent and authorization for participation in

Point Loma Community Presbyterian Church

Children and Youth events and activities

I am the parent or legal guardian of _____, a minor, and I hereby authorize and consent to the participation of such minor in the events or activities organized or sponsored by, and attended by, adult advisor(s) of the Point Loma Community Presbyterian Church (the "Church") School, Junior High School Fellowship, and/or Senior High School Fellowship programs, from September 2009 through September 2010.

It is specifically understood that this consent and authorization relates and extends both to activities at the Church and away from Church grounds. Such events and/or activities include, without limitation, retreats, overnigher lock-ins, beach parties, exchange meetings with other church groups and parties, and gatherings at the homes of members or advisors of the Church School and /or Fellowship groups.

This authorization and consent extends to transportation to any off-site events, whether in private cars, by bus or by other means of transportation.

I hereby release and waive all claims, actions, and causes of actions which I , as parent or legal guardian of such minor, might otherwise have against the Church, any member of the Church staff, volunteers, advisors or other persons helping or participating that may arise out of or from any physical, emotional, or mental illness, injury, or death while participating in a Church event or activity. I agree that neither I , nor any of my heirs, personal or legal representatives, or family members will bring suit or make a claim for illness, injury, or death resulting from negligence, breach of warranty or strict liability of the Church, and that this release is binding upon my heirs, administrators, and personal representatives.

Date: _____

(Signature of parent or guardian)

(Print name)

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Authorization for Emergency Medical /Dental Treatment of Minor

I am the Parent or legal guardian of _____, a minor and I hereby authorize as my agent, under the provisions of California Civil Code Section 25.8, or any successor provision, any teacher of Point Loma Community Presbyterian Church (the "Church"), any adult advisor to the Church Fellowship programs, any member of the Church staff, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment or hospital care to be rendered to the minor under the general or special supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the minor by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis to provide authority on the part of the agents designated above to give specific consent to any and all such diagnosis, treatment or care which the physician or dentist in the exercise of his or her best judgment may deem advisable.

Pursuant to California Health & Safety Code Section 1283, I hereby authorize any hospital which has provided treatment to the minor, to surrender physical custody of such minor to the agents designated above upon completion of the treatment. I further agree to pay all charges for any such care or treatment.

This authorization is to remain effective until one (1) year from the date of its execution.

Date: _____

(Signature of parent or guardian)

(Print name)