PERMISSION RELEASE/HEALTH AND SURGICAL EMERGENCY FORM

STATE OF SOUTH CAROLINA) ST. GILES PRESBYTERIAN CHURCH
COUNTY OF GREENVILLE) PERMISSION/RELEASE FOR YOUTH ACTIVITIES

I/we do hereby, for myself/ourselves, my/our heirs, successors, and assigns, release and hold harmless St. Giles Presbyterian Church, its successors and assigns, and any of its officers, members, representatives, or agents from any and all liability and/or actions or causes of action which might arise from any accident which might occur or injuries that take place when my child or children

(NAME) _____, SOCIAL SECURITY NO. _____
(NAME) _____, SOCIAL SECURITY NO. _____

go on a trip to: _____
_____
_____
_____
_____
_____

under sponsorship of the St. Giles Presbyterian Church. I/we further authorize the St. Giles Presbyterian Church or any of its officers, members, representatives, or agents to seek emergency medical care and/or treatment for my/our child or children and to admit my/our child or children to any hospital or other medical facility. If medical care and/or treatment is deemed necessary by a duly licensed health care provider, doctor, hospital, or clinic, I/we further authorize St. Giles Presbyterian Church, its officers, members, representatives, or agents to consent to any such medical care and/or treatment.

SIGNED: _____ PHONE: (Home) _____
(Parent or legal guardian) (Work) _____
ADDRESS: _____ CITY/STATE/ZIP _____

SIGNED: _____ PHONE: (Home) _____
(Parent or legal guardian) (Work) _____

HOSPITAL/MEDICAL INSURANCE CO. _____
POLICY #_____ NAME POLICY IS WRITTEN UNDER: _____
ADDRESS OF INSURANCE CO. _____ CO. PHONE # _____

DATE OF LAST TETANUS SHOT: _____ ANY RESTRICTIONS: _____
ALLERGIES TO DRUGS/STINGS/FOOD/OTHER? _____
IS STUDENT ON ROUTINE MEDICATION? _____ NAME OF DRUG & DOSAGE _____
OTHER INFORMATION HELPFUL IN TREATING STUDENT FOR A MEDICAL PROBLEM:_____
_____

PHYSICIAN'S NAME: _____ PHONE #: _____
NAME OF PHYSICIAN'S GROUP: _____

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FOR YOUTH:

I understand that while on any trip with a youth group from St. Giles Presbyterian Church, no drugs or alcohol of any kind are permitted, and I agree to abide by this rule.

SIGNATURE OF YOUTH: _____ DATE: _____