

Good Shepherd Release Forms

To ensure our staff & volunteers' ability to lead your child/youth safely during this year's activities, the attached forms must be filled out completely & returned to the church so your child/youth may participate fully in events and activities.

Please return these forms to Mary before the next event. Thank you.

**Parental Authorization For Emergency Medical Care and Treatment
First Presbyterian Church
Lawrence, Kansas**

Name of Minor _____ Birth date _____

Authorization of Consent to Treatment of Minor:

(We), the undersigned, parent(s) of _____ a minor, do hereby authorize any youth ministry leaders of **First Presbyterian Church, Lawrence, KS** as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician or surgeon licensed by the applicable licensing authority, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of the physician's best judgment may deem advisable.

This Consent and Authorization shall include and extend to all matters of which consent or authorization is required by any hospital, medical care provider or member of the healing arts profession. In consideration of the services which are rendered to my child named above, pursuant hereto, (I) (We) agree to pay for all such services in the same manner and to the same extent as if the same had been personally authorized. **This authorization shall be effective with First Presbyterian Church, Lawrence, KS and remain effective through August 19, 2010, unless sooner revoked in writing delivered to said agent(s).**

Without in any manner limiting the foregoing appointment and/or authorization, if circumstances reasonably permit, I/We would like to have our physician consulted in connection with such medical and/or surgical treatment and/or special procedures, said physician being:

Name of Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

PLEASE FILL OUT THE BACK OF THIS FORM AND SIGN IT.

Health History

School Year _____ Grade _____ Date _____

This information will be held in confidence by the Interim Associate Pastor for Children, Youth, and Faith Development. It is important that the questions be answered completely and accurately.

Name of Minor _____ Male/Female _____ Birth date _____

Address _____ Social Security # _____

Parent/Guardian Name _____ Home Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Cell Phone(s) _____ Pager # _____

If a parent cannot be reached at any of the above phone numbers who should we contact in an emergency? _____ Phone _____

Relationship to minor _____

For the safety and well being of your child, the medical information will be released to all personnel and/or volunteers working directly with your child.

Known Medical Conditions _____

Medications? _____

Other Medications (not being administered on trip) _____

Allergies? _____

Allergy to Medication? YES NO If yes, Type of Reaction _____

Allergy to Bee Stings? YES NO If yes, Type of Reaction _____

Emergency Procedure Needed _____

Last Tetanus Immunizations? _____

Family Physician _____ Phone _____

Insurance Company and address _____

Policy # _____ Group # _____

Signature of Parent/Guardian _____

TRANSPORTATION RELEASE
2010-2011



We, the parent(s) of _____, do hereby give consent for our son/daughter to ride in the designated vehicle of **an adult at least 21 years of age from First Presbyterian Church, Lawrence, KS**, for the purpose of youth group events and activities. **This authorization shall be effective with First Presbyterian Church, Lawrence, KS and remain effective through August 16, 2011, unless sooner revoked in writing.**

Mother's signature: _____

Father's signature: _____

Signature of Legal Guardian: _____

Date: _____

NOTE: IF ONLY ONE PARENT HAS LEGAL CUSTODY, PLEASE INDICATE NON-CUSTODIAL PARENT'S NAME AND WHETHER TO CONTACT IN CASE OF EMERGENCY.

Non-custodial Parent/number: _____

Should we contact? Yes No

