

Moraga Valley Presbyterian Church Student Ministries Medical Release Form

10 Moraga Valley Lane Moraga, CA 94556
Phone: (925) 376-4800 Fax:(925) 376-3750 Web: mvpctoday.org

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ - _____ Cell (____) _____ - _____

School _____ Grade: 6 7 8 9 10 11 12

Date of Birth ____/____/____ email: _____

Parents' Names: _____

Mom: Phone (____) _____ - _____ Cell (____) _____ - _____

email: _____

Dad: Phone (____) _____ - _____ Cell (____) _____ - _____

email: _____

Alternate Contact _____ Relationship _____

Phone (____) _____ - _____ Cell(____) _____ - _____

Insurance company _____ Policy # _____

Policy Holder's Name _____ Relationship _____

Family Physician _____ Phone (____) _____ - _____

Date of Last Tetanus Shot: (mo/date/yr) ____/____/____

ALLERGIES (foods and medications): _____

Medical History: Asthma (chronic) Bleeding/Clotting Disorders Cardiac Diabetes Seizure Disorder
 Motion Sickness Psychiatric, emotional or anxiety Other _____

Details/Activity Restrictions: _____

Medications (both daily and as-needed): _____ How often? _____

_____ How often? _____

List operations or serious injuries with dates: _____

I/We, the undersigned parent or legal guardian of _____, a minor, do hereby authorize adult workers with Moraga Valley Presbyterian Church, to consent to any medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby express consent that my son/daughter may receive emergency medical treatment from any physician, dentist, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, dentist, hospital or other medical center for rendering such services. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned minor pursuant to this authorization.

Should it be necessary for our (my) son/daughter to return home due to medical reasons or otherwise, the undersigned shall assume all transportation cost. The undersigned does also hereby give permission for our (my) son/daughter to ride in any vehicle designated by the adult in whose car the minor has been entrusted while attending and participating in activities sponsored by Moraga Valley Presbyterian Church. All provided health information is correct so far as I know, and the minor named above has permission to engage in all prescribed activities except as noted.

I/We give permission for Moraga Valley Presbyterian Church to use our child's photo/image in print publications, videos and website.

Yes No

X _____
Primary guardians signature Date