

# 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: \_\_\_\_\_

Date of Birth \_\_\_\_\_ email: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Mom's Cell: \_\_\_\_\_ Mom's email: \_\_\_\_\_

Dad's Cell: \_\_\_\_\_ Dad's email: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Insurance company: \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Last Tetanus Shot (must be within last 10 years): \_\_\_\_\_

Allergies (foods and medications): \_\_\_\_\_

Medical History: Please list any known medical issues (asthma, seizures, etc.) as well as any surgeries/major injuries (with dates):

Activity Restrictions: \_\_\_\_\_

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

\_\_\_\_\_ How often? \_\_\_\_\_

I, 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 child 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) child 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