

**Community Presbyterian Church**  
**529 NW 19<sup>th</sup> Street**  
**PO Box 1689**  
**Redmond, OR 97756**

**Children & Youth Ministries Medical Form – (Valid 01/01/17-12/31/17)**

**MINOR INFORMATION (please print)**

Full Name of Minor #1: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Full Name of Minor #2: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Full Name of Minor #3: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Mobile Phone/Pager: \_\_\_\_\_

Parent/Guardian Full Name(s): \_\_\_\_\_

*(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information.)*

**HEALTH INSURANCE INFORMATION**

Primary Doctor: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In an emergency, please notify one of the following:

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Mobile/Pager: \_\_\_\_\_

**MEDICAL HISTORY (List minor by Number for each question.)**

Has minor had all school required vaccinations? #1\_\_ #2\_\_ #3\_\_ YES #1\_\_ #2\_\_ #3\_\_ NO

Date of last tetanus? #1\_\_ #2\_\_ #3\_\_

Does minor have a communicable disease or medical condition that may be a risk to others? #1\_\_ #2\_\_ #3\_\_ YES

#1\_\_ #2\_\_ #3\_\_ NO If Yes, please describe: \_\_\_\_\_

Does minor have any drug allergies? #1\_\_ #2\_\_ #3\_\_ YES #1\_\_ #2\_\_ #3\_\_ NO

If yes, please describe: \_\_\_\_\_

Please list the name, dosage, and purpose of medications currently being taken by minor: \_\_\_\_\_

Please describe any special considerations regarding minor (medical conditions, food allergies, dietary restrictions, activity

limitations, behavioral issues/concerns, etc.): \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL TREATMENT**

As the parent or legal guardian of \_\_\_\_\_ (minor(s)), each undersigned gives his or her authorization and consent for Community Presbyterian Church of Redmond, Oregon (the Church) and the Church’s adult employees, agents, and volunteers (collectively with the Church, the “Community Presbyterian Church Parties”) to seek, authorize, and consent to such medical or dental care for Minor (“Treatment”) as any one or more of them may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the state or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. This authorization for medical treatment may be photocopy hereof shall be as valid as an original.

Each of the undersigned acknowledges and agrees that the Community Presbyterian Church Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration of Minor’s participation in one or more events sponsored by the Church, each of the undersigned hereby agrees to indemnify, defend, and hold harmless the Community Presbyterian Church Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any Community Presbyterian Church Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

Name: \* \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \* \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Note: Each person who has legal custody of Minor should sign this Authorization for Medical Treatment, and only one person who signs will be considered a legal custodian of Minor.*

**PHOTOGRAPHY RELEASE AGREEMENT**

Please be advised that your minor may be photographed or videotaped at various church sponsored functions and activities. These photos and videos may be put on the church website and other social media outlets as well as printed media. If you give permission to having your minor’s picture/video on these outlets, please sign the below agreement.

Yes, I/We give permission for my child’s photograph and/or video to be on Community Presbyterian Website, Facebook and other print/social media.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student’s First and Last Name

Child Name: \_\_\_\_\_

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**Children and Youth Ministries Program/Event Form (Valid 1/01/17 – 12/31/17)**

**CONSENT/INDEMNITY/RELEASE AND DISCHARGE OF LIABILITY**

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE STUDENT AND OTHERS.

I, the undersigned parent/legal guardian of the minor student identified above hereby give my permission for the student to participate in any program or event occurring from Jan 1, 2017 through December 31, 2017, and to be transported to, from and during the Events in any vehicle designated by an employee, agent, or volunteer (an Agent) of the Community Presbyterian Church of Redmond, Oregon (the Church).

In consideration of the student being allowed to participate in the Program:

1. I agree to indemnify, defend, and hold harmless the Church and the Agents (collectively, the Community Presbyterian Church Parties) from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys' fees and other costs of defense) in connection with any and all actions, suites, claims, or demands that may be brought or instituted against any Community Presbyterian Church Party and that arise out of or result from the Student participating in the Program.
2. I hereby release, waive, and forever discharge the Community Presbyterian Church Parties from liability for, and covenant not to sue or commence arbitration against any one (Community Presbyterian Church Party) on the basis of, any bodily injury, emotional or mental harm, personal injury, illness, death, or property damage suffered by any person that arises out of or results from the Student's participation in the Program, whether or not caused, in whole or in part, by the negligence of a Community Presbyterian Church Party. I make the foregoing release and discharge, and covenant not to sue or commence arbitration on behalf of myself, any other parent or legal guardian of the Student, the Student, and the heirs, executors, and assigns of each of the foregoing.
3. I understand and agree that the Student may be sent home at my expense if an Agent determines that the Student has engaged in disruptive behavior or broken any rules at any time during an Event.

Name: (please print) \_\_\_\_\_ Signature: \_\_\_\_\_  
*Parent/Legal Guardian*

Date: \_\_\_\_\_