

2015~2016 Medical Release form
Los Angeles Christian Presbyterian Church

Name: _____
Address: _____
City: _____ Zip: _____
Sex: ☐ Male ☐ Female Birth Date: _____ Grade for 2015~2016 year: _____
Name(s) of Parent(s) or Guardian(s): _____
Parent(s) or Guardian(s) Cell Phone: _____ Work Phone: _____
Parent's Email address: _____
Student's Email address: _____
Emergency Contact if parents CANNOT be reached: _____
Emergency Contact's Phone: _____

_____ has my permission to attend all church sponsored events with the Los Angeles Christian Presbyterian Church (Los Angeles, CA) between the date that this form is signed to the date of December 31, 2013.

Parent/ Guardian Signature: _____ Date: _____

Medical Information

1. Has the student had any of the following? (Check if YES)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Recent illness | <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Rheumatic fever | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Unexplained weight loss |
| <input type="checkbox"/> Immunity disorder | <input type="checkbox"/> Chronic Cough | <input type="checkbox"/> Dizziness/fainting | <input type="checkbox"/> Ear, Nose, throat issues |
| <input type="checkbox"/> Allergies – if yes please list: _____ | | | |

2. Immunizations

Date of last Tetanus shot: _____ Other immunizations up to date? ☐ Yes ☐ No

3. List any medications this student will need to take while at events: _____

NOTE: All medications (prescription and non-prescription) must be checked in to a counselor at each event. A counselor will administer all medications according to parents and/or doctor's instructions.

4. List any instructions for administering of the student's medication: _____

5. Restrictions: Any swimming restrictions? ☐ Yes ☐ No
 Other activity restrictions? ☐ Yes ☐ No
 Give details on reverse side of this form

6. Medical Insurance: Company: _____
 Policy #: _____ Group #: _____

7. Treatment authorization: With the understanding that due care for the health and safety of all participants will be exercised, Los Angeles Christian Presbyterian Church will not be held responsible in the event of any illness or accidental injury. I also authorize and direct the church leaders to secure the services of properly qualified medical personnel to perform any necessary medical or surgical procedure for my child in the event of any illness or injury, with the understanding that every reasonable effort will be made to contact me before such action is taken. I also agree to assume all legal and financial responsibility for the treatment of my child.

Parent/Guardian Signature _____ Date: _____