



5210 Markham Woods Rd.
 Lake Mary FL 32746
 (407)333-2030

Markham Woods Presbyterian Church

Director of Student Ministry: Shelby Lovette
 Assistant Director: Sean Eha

2017 Youth Activity Permission Form, Medical Release, & Emergency Authorization

Minor's Name: _____ Minor's Phone Number: _____

Minor's Address: _____

I, _____, the parent or legal guardian of the above-named minor, hereby give my permission for his/her participation in any Markham Woods Presbyterian Church (MWPC) youth event in 2017, and to be transported in motor vehicles as MWPC, its staff and/or volunteers deem necessary for the purpose of conducting any MWPC related function. I acknowledge and agree that my child may be excluded from youth events at the discretion of the Youth Director if he/she fails to follow appropriate directions. If my child is required to leave a youth function due to behavior issues or other problems caused by my child, I will be responsible for return transportation of my child.

I agree that in the event my child is injured as a result of his/her participation in church activities, including transportation to and from these activities. Recourse for the payment of any hospital, medical, dental, or related costs and expenses will be paid either by me or my spouse; accident, hospital, or medical insurance; or any available benefit plan of mine or my spouse.

In the event I cannot be reached to provide consent, or in the event of a medical emergency where immediate care is absolutely required, I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, surgeon, and dentist licensed under the Medical Practice Act and Dental Practice Act. As parent or legal guardian, I am responsible for the health care decisions of my child and am authorized to consent to services to be rendered, and no other consent is required by law. I hereby give permission to the physician selected by the activities and supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician or dentist.

I am aware of the potential risks of personal injury to my child and his/her property as he/she participates in MWPC activities. With such knowledge I voluntarily release MWPC and its designees from any and all liability which may arise from or on account of the activities of this program.

I hereby grant permission to MWPC for the right to use, reproduce, and/or distribute photographs, videos, and sound records of my child, without compensation or approval rights, for use in materials created for the purpose of promoting MWPC.

 Parent/Guardian Signature

 Date

 Print Name of Parent/Guardian

 Relationship to minor

 Parent/Guardian Cell Phone

 Alternative parent/guardian phone

 Emergency Contact Name (other than parent)

 Emergency Contact Cell

 Student Signature



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Medical & Insurance Information

Primary Doctor's Name

Primary Doctor's Phone

Insurance Company

Policy Number

Date of last tetanus shot

Minor's Age

Male/Female
Please circle one

Allergies

Any additional medical notes, such as current medication