

**Medical Emergency Treatment Authorization  
& Release of Liability**

All participants of Markham Woods Presbyterian Church (MWPC) activities held September 1, 2010 through August 31, 2011 must complete this form. For Minors, this must be executed by either parents or guardians, unless only one person has sole and exclusive custody and parental rights.

I/We give permission for my/our child (or myself), \_\_\_\_\_, to transport my child in motor vehicles as MWPC, its staff and/or volunteers deem necessary for the purpose of conducting any MWPC related function. I further grant permission for my child's involvement in all Youth Ministry or related church functions, events and outings unless I otherwise request in writing that my child be excluded from participation in a particular function, event or outing. I also grant MWPC and its designees to act in loco parentis during the time of MWPC activities, functions, outings or events. In case of emergency, I hereby give permission to the licensed physician or hospital to secure proper treatment, anesthesia, or surgery for the individual named on this form. I am aware of the potential risks of personal injury to my child and his/her property (or myself or my property) as he/she (or I) participate(s) in MWPC activities. With such knowledge I voluntarily release MWPC, all officers, agents, employees, directors, of affiliates of any of them, and the sending organization from any and all liability which may arise from or on account of the activities of this program. I /We understand that, but for our agreement to the terms of this Medical Emergency Treatment Authorization and Release of Liability, I or my/child would not be permitted to participate in MWPC activities.

***This document is an emergency medical treatment authorization and release of future claims arising from the Markham Woods Presbyterian Church activities. Read it and be sure you understand it before you sign it.***

- (1) \_\_\_\_\_ Name of Participant (print)
- (1) \_\_\_\_\_ Signature of Participant
- (2) \_\_\_\_\_ Name of Parent or Guardian (print)
- (1) \_\_\_\_\_ Signature of Parent or Guardian
- (1) \_\_\_\_\_ Signature of Parent or Guardian
- (2) \_\_\_\_\_ Relationship to Participant
- (2) \_\_\_\_\_ Date signed

**Medical Insurance &  
Emergency Contact Information**

(Must be completed for each participant)

\_\_\_\_\_ Emergency Contact  
\_\_\_\_\_ Relationship to Participant  
\_\_\_\_\_ Home Phone #  
\_\_\_\_\_ Work Phone #  
\_\_\_\_\_ Cell Phone #  
\_\_\_\_\_ Insurance Company  
\_\_\_\_\_ Policy #  
\_\_\_\_\_ Doctor's Name  
\_\_\_\_\_ Doctor's Phone #

**General Medical Information**

(Must be completed for each participant)

Name \_\_\_\_\_ Age \_\_\_\_\_ M / F  
Date of last Tetanus shot \_\_\_\_\_  
Medication you take regularly and dosage \_\_\_\_\_  
Allergies \_\_\_\_\_  
Other Medical information or restrictions \_\_\_\_\_