

FPCA Mission Retreat Registration & Medical/Liability Release Form

Student Name: _____

Date of Birth: _____ Age: _____ Grade: _____ SSN: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____ T-Shirt Size: _____

If you have a current, (completed within the past 6 months) medical release and liability form in the church office, please check here: (Go to page 3 – you do not need to complete this portion of the form.)

Parent/Legal Guardian Name(s): _____

Emergency Contact: _____ Phone: _____

Relationship to Student: _____

Preferred Doctor: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Health History

Allergies and other conditions: (please check all that apply)

<input type="checkbox"/> Insect Allergies	<input type="checkbox"/> Drug Allergies	<input type="checkbox"/> Other Allergies
<input type="checkbox"/> Frequent colds	<input type="checkbox"/> Heart	<input type="checkbox"/> Asthma
<input type="checkbox"/> Physical Handicap	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Hay Fever
<input type="checkbox"/> Frequent Stomach Upsets	<input type="checkbox"/> Diabetes	

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): _____

Student Name: _____

Date of last tetanus shot: _____

Name and dosage of any routine medications: _____

Swimming restrictions: ___ No ___ Yes, Explain _____

Activity restrictions: ___ No ___ Yes, Explain _____

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? ___ No ___ Yes (*If yes, please complete information below*)

Carrier: _____ Policy #: _____

Carrier Address: _____

Carrier phone number: _____

Policyholder's name and SSN: _____

Please attach a copy of your medical insurance card

All information is kept confidential and is used for the sole purpose of providing a safe environment for the student participants at First Presbyterian Church of Aiken.

Student Name: _____

Permission and Release of Liability:

Every activity sponsored by this Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. The parent(s) or guardian(s) understand that they are signing for the minor listed on this form and the signature is for both medical and liability release. *Please read the following carefully:*

As parent/guardian of the above named student:

I certify that s/he is physically fit to participate in all mission-trip activities, except as noted in this document, and has no communicable diseases apparent at this time. In the event that I cannot be reached in an emergency, I hereby grant permission to the adult sponsors and leaders to secure proper medical treatment for my child. I realize that, if necessary, the treatment may include an injection, anesthesia, or surgery. I agree to assume and accept all risks and hazards inherent in this type of church-related activities and agree not to hold this Church, its employees, or volunteer assistants liable for damages, losses or injuries to the person or property undersigned.

Parent(s) or Legal Guardian(s) Signature

Date

As a participant on a Mission Retreat, remember that you are representing Christ as well as First Presbyterian Church. On any trip sponsored by First Presbyterian Church-Aiken, drugs, alcohol, and/or any tobacco products will not be permitted. In the event that any student is found in possession or under the influence of any of the above, the student will be sent home at the expense of the parents—either by the parent coming to pick up the student or the expense for any other transportation.

I, the undersigned, agree to comply with all of the rules and policies stated by First Presbyterian Church and understand the penalties for any violation committed by the student. As the parent or legal guardian, I agree that I have all responsibility to pick-up my student or pay any transportation costs in the event that s/he is sent home.

Student Signature

Date

Parent(s) or Legal Guardian(s) Signature

Date