

**HEALTH/MEDICAL RELEASE FORM
FOR UNIVERSITY PRESBYTERIAN CHURCH**

Phone: 919-929-2102

P. O. Box 509, Chapel Hill, NC 27514

FAX: 919-929-7669

Please print clearly and answer as completely as possible. Complete a new form when information changes. All three signatures are required if both parents/guardians are living.

Participant _____ Age _____ Grade _____

Gender _____ Birthdate _____ Lives with (Mom) _____ (Dad) _____ (Guardian) _____

Mother's/Guardian's Name _____ Home # _____

Address _____ Work/Cell # _____

Father's/Guardian's Name _____

Address _____

If neither parent/guardian is available in an emergency, please notify:

Name _____ Home # _____

Relationship to participant _____ Work/Cell # _____

Is the participant covered by family medical/hospital insurance? Yes _____ No _____

If yes, please indicate:

Carrier _____

Policy/Group # _____

Operations or serious injuries and dates _____

Current medications and dosages _____

Name of participant's doctor _____ Office # _____

Name of participant's dentist _____ Office # _____

Name of participant's orthodontist _____ Office # _____

Dietary modifications _____

Prohibited activities _____

Allergies (food, animals, stings, weeds, etc.) _____

HEALTH HISTORY

Date of last physical examination _____

Date of last tetanus shot (month/year) _____

Immunizations in childhood (yes) _____ (no) _____ Still needs: _____

Mononucleosis _____ Dates/Relapses _____

Asthma (yes) _____ (no) _____

Chicken Pox _____ Date _____

Diabetes (yes) _____ (no) _____

Heart Defect/Disease (yes) _____ (no) _____

If currently under psychiatric care, please inform group leader. Also, please inform group leader of any other confidential information (phobias, major life events, etc.)

RELEASE STATEMENT

My/our child and I/we accept responsibility for the risks of participation in events sponsored by University Presbyterian Church and agree to participate safely and respectfully. If my/our child fails to act in a safe and respectful manner while participating in an activity, after adult correction and discipline, I/we understand that I/we will be responsible for retrieving my/our child from the activity and for any costs incurred during that process.

FURTHER, MY CHILD AND I/WE, AS HIS/HER PARENT(S) AND/OR LEGAL GUARDIAN(S), DO HEREBY RELEASE, WAIVE AND FORFEIT ANY CLAIM OR RIGHT TO DAMAGES OR ANY OTHER REMEDY WE MAY HAVE FOR, OR ON ACCOUNT OF, ANY AND ALL NEGLIGENT ACTS OR OMISSIONS BY UNIVERSITY PRESBYTERIAN CHURCH, ITS MEMBERS, STAFF, EMPLOYEES, OR AGENTS, WHICH MAY CAUSE INJURY OR LOSS TO MY CHILD DURING, OR IN ANY WAY CONNECTED TO, MY CHILD'S PARTICIPATION IN ANY ACTIVITY OR EVENT SPONSORED OR PRODUCED BY UNIVERSITY PRESBYTERIAN CHURCH.

This health history is correct, so far as I/we know, and the student herein described has permission to engage in all activities, except as noted. I/we hereby give permission to the medical personnel selected by the adult in charge, usually a church staff member or agent, to provide comprehensive treatment, including hospitalization and transportation, for my/our student. I/we understand that I/we have responsibility for the payment of such treatment and transportation. Further, I/we will not hold University Presbyterian Church, its members and staff, employees or agents, responsible for such payment.

▶ **Signature of Mother/Legal Guardian** _____ **Date** _____

▶ **Signature of Father/Legal Guardian** _____ **Date** _____

I agree to participate safely and respectfully in events sponsored by University Presbyterian Church. Further, I understand and agree to abide by any medical restrictions, named above, that have been placed on my activities.

▶ **Signature of Participant** _____ **Date** _____