

Activity, Medical and Liability Release Statement

I/We give \_\_\_\_\_ (the "minor") permission to participate in the First Presbyterian Church (Oklahoma City, Oklahoma) youth activities, including authorized activities that take place away from the church, as well as out-of-town trips.

We also acknowledge that transportation for such youth activities may be provided by private and/or church vehicles. We agree that the adult drivers of said vehicles &/or First Presbyterian Church (Oklahoma City, Oklahoma) will not be held responsible in case of an accident.

I/We give permission for the adult sponsors to give over the counter pain medications (Tylenol, Advil, cough medicine, etc.) if needed. I/we understand that in the event medical intervention is needed for 'the minor', every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by the First Presbyterian Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Presbyterian Church (Oklahoma City, Oklahoma), its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency and Insurance Information

Name of Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_ Tshirt Size \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Gender \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ SS# \_\_\_\_\_

Emergency Contact Person

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ Work Number(\_\_\_\_) \_\_\_\_\_

Guardian's Email Address \_\_\_\_\_

Alternate Contact Person

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Number (\_\_\_\_) \_\_\_\_\_ Work Number(\_\_\_\_) \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_yes \_\_\_\_\_no

Name of Insurance Company \_\_\_\_\_

Who is the policy holder? \_\_\_\_\_ Policy/Group Number \_\_\_\_\_

Primary Physician \_\_\_\_\_ Physician's phone number (\_\_\_\_) \_\_\_\_\_

*Please make a copy of the front and back of your insurance card and prescription card or send the cards on the trip with your child.*

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the children/youth ministry activity.

Code of Behavior for First Youth Activities

1. I understand there is no unsupervised indoor/outdoor activity that I must stay with the group at all times.
2. I will notify an adult in the event I temporarily leave the group for any reason.
3. I will participate in all group activities that I am physically able.
4. I understand that there is to be no sexual activity; or any sexual material or paraphernalia.
5. I understand that there will be no PDA (Public OR Private Displays of Affection OR Aggression). I will respect the personal space of others, keeping our bodies to ourselves and agreeing to take responsibility for my actions.
6. I understand the need for separated sleeping arrangements and will honor this.
7. I understand that I am not allowed to POSSESS or USE any type of weapons, tobacco, alcohol, fireworks, stink bombs, or any illegal or non prescribed drugs.
8. I will respect the authority of the Adult Leaders and follow their instructions.
9. Disruptive behavior, language, clothing or items will not be acceptable at youth events. This includes any of the above, or that which might be considered obscene, profane, or inappropriate to the activity of the church or group.
10. I will wear my seat belt while riding in any vehicle
11. I understand that I may use cell phones, I-pods, game systems, & other electronics on the ride up and back but, while at the event, they will be left in my bag (Ipods may be used at night if you need it to sleep)

I/We have reviewed the above rules contained within the Code of Behavior for Youth Activities and agree to abide by them. I/We also acknowledge that if the subject of this release has to return home early for violation of any of the above rules it will be at my/our expense.

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as First Presbyterian Church sees fit.

I/We understand all reasonable safety precautions will be taken at all times by the First Presbyterian Church and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risks. I/We agree not to hold First Presbyterian Church, its' leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of the form.

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Health History  
Please Print

Pre-existing or present medical conditions:

Medications: Please note that all medication must be in the original container & must be labeled.

Name Of Medication <b>PLEASE PRINT</b>	Dosage/ How Often	Reason For Medication
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1 \_\_\_\_\_

2 \_\_\_\_\_

3 \_\_\_\_\_

4 \_\_\_\_\_

Any food or Medication allergies? \_\_\_\_\_

\_\_\_ Hay Fever

\_\_\_ Heart Condition

\_\_\_ Physical Handicap

\_\_\_ Insect Stings

\_\_\_ Epilepsy/Nervous Disorders

\_\_\_ Frequent Stomach Upsets

\_\_\_ Asthma

\_\_\_ Diabetes

\_\_\_ Any major illnesses during the past year?

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

Date of last Tetanus Shot \_\_\_\_\_

Contact Lenses? \_\_\_\_\_

Any swimming restrictions? \_\_\_yes \_\_\_no What? \_\_\_\_\_

Any activity restrictions? \_\_\_yes \_\_\_no What? \_\_\_\_\_