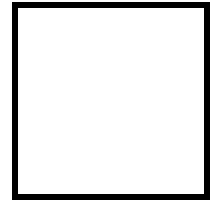


First Presbyterian Church of Berkeley
Medical Information and Release Form



Student Info:

Full Name of Child _____
Date of Birth _____ Place of Birth _____ HS Graduation Year: **20** _____
Home Address _____ City: _____ Zip: _____
Home Phone _____ Student Cell: _____ Student email: _____

Additional Parent/Guardian Info:

Parent 1 Name _____ Parent 1 email _____
Work Phone _____ Cell Phone _____
Parent 2 Name _____ Parent 2 email _____
Work Phone _____ Cell Phone _____

Persons to be contacted in an emergency if parent cannot be reached:

Name _____ Phone Number _____
Doctor's Name _____ Phone Number _____

Permission to be photographed:

I hereby grant permission to First Presbyterian Church of Berkeley to photograph the said child during youth activities and to use the photographs in First Presbyterian Church of Berkeley audio-visual and printed materials without compensation or approval rights.

Parent/Guardian Initial _____ **Participant Initial** _____

Insurance Information:

Insurance company _____ Preadmission Authorization Phone # _____
Subscriber Name _____ Subscriber number _____
Group Name _____ Group Number _____

Medical Information:

Known allergies or medical allergies of participant _____
Medications being taken _____ Blood Type _____
Physical handicaps or restrictions _____

I, the parent or guardian of _____, a minor, hereby release First Presbyterian Church of Berkeley, its staff and youth advisors, from responsibility and liability for any injury or illness that my child may sustain during officially sponsored youth activities. In the event of an emergency, in which I am absent and cannot be contacted immediately, I hereby authorize an adult leader of these activities, as an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. **This authorization shall remain in effect until revoked in writing and delivered to the authorized agents of First Presbyterian Church of Berkeley.**

Signature _____ Date _____