

# PERMISSION AND MEDICAL RELEASE

of

## FIRST PRESBYTERIAN CHURCH

1540 M Street  
Fresno, California 93721  
(559) 485-6460

I hereby give permission for \_\_\_\_\_  
(Name of Child)

Age \_\_\_\_\_ Grade \_\_\_\_\_

to attend **Junior High events** during the dates of **June 1, 2008, through June 30, 2009.**

I also give permission for the **Junior High Advisors, Networkers, Sponsors, Teachers**, etc. to act upon their best interest in case of accident or injury, including medication, injection, surgery, or hospitalization.

In consideration of First Presbyterian Church permitting my child to participate in the above event, I hereby for myself, my heirs, administrators and assigns waive and release any and all rights and claims of any nature I may have against First Presbyterian Church and any organization connected with this event, their representatives, successors and assigns for any and all injuries or damages of any nature which my child may suffer while taking part in any activities connected with this event.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

Names of Parents: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: (Husband) \_\_\_\_\_ (Wife) \_\_\_\_\_

Insurance

Carrier: \_\_\_\_\_ Group No.: \_\_\_\_\_

Insurance

Address: \_\_\_\_\_ Certificate No.: \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child take any medication? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have any other health problems? \_\_\_\_\_

(Please use back of sheet for explanations if necessary.)