

**First Presbyterian Church of Trenton**  
**2799 West Road**  
**Trenton, Michigan 48183**  
**Medical Release Form**  
**September 2104 – August 2015**

Students Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

**Emergency Contact Person**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

**Insurance and Medical Information**

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

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Pre-existing or Present Medical Conditions: \_\_\_\_\_

Allergies: \_\_\_\_\_

I understand that in the event medical intervention is needed, 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 an activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or injection, anesthesia or surgery for the above named student as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by First Presbyterian Church of Trenton 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 of Trenton, its leaders, employees and volunteer stall liable for damages, losses, disease, or injuries incurred by the subject of this form.

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

Date: \_\_\_\_\_