

First Presbyterian Church of Trenton
2799 West Road
Trenton, Michigan 48183
Medical Release Form

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 liable for damages, losses, disease, or injuries incurred by the subject of this form.

Parent/Guardian Signature: _____

Date: _____