First Presbyterian Church
San Diego
Medical and Liability Release

Please complete and return to First Presbyterian Church

PLEASE PRINT CLEARLY

Name _____ Sex: Boy_____ Girl _____

Address_____ Home Phone (____) _____

City _____ Zip _____ Cell Phone (____) _____

Age _____ Grade _____ Date of Birth _____

School _____

Parent/Guardian living with student: _____

In emergency please notify: _____ Phone: _____

Family Doctor: _____ Phone: _____

Medical Insurance Co: _____ Phone: _____

HEALTH HISTORY:

_____ Heart Condition _____ Chronic asthma _____ Physical handicap _____ ADD/ADHD
_____Bed wetting _____Diabetes _____ Epilepsy or nervous disorder _____Other

ALLERGIES:
_____ Insect stings _____ Drugs _____Other allergies _____ Hay Fever
_____Other
Please give details on any of the above if checked:

I (we), the parents/guardians of the above mentioned student (s), do hereby authorize First Presbyterian Church as agents for the undersigned to consent to any x-ray examination, anesthetist, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis, treatment deemed advisable. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California and shall remain effective until December 31, 2010 unless revoked sooner in *writing delivered to said agents.*

I also understand that our family is responsible for necessary medical treatment, whether through insurance or other means, and that First Presbyterian Church does not provide medical insurance coverage.

In signing this release, I (we) agree not to hold First Presbyterian Church and/or it's agent or employees liable for damages, losses or injuries to the persons or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and that the signature is for both medical and liability release.

_____ _____

Signature Date