

**Please PRINT except
where signature
required**

HERITAGE PRESBYTERIAN CHURCH
ANNUAL MEDICAL INFORMATION & RELEASE FORM
(for all youth and adult participants)
September 2016-August 2017

Name: _____ Age: ____ Birth Date: ____ / ____ / ____

Address: _____ Grade: _____

Participant's cell phone number: _____

E-mail (parents' and youth if different): Youth _____

Parent _____

Name Parent/Family Contact: _____ Cell: _____

Contact's additional phone numbers Home: _____ Work: _____

Person to contact in an EMERGENCY other than family/Parent/Guardian:

Name: _____ Phone _____

Doctor Name: _____ Phone _____

Dentist Name: _____ Phone _____

Primary Medical Insurance Company: _____

Policy Number: _____ Group or ID #: _____

In order for each student/chaperone to participate in events with us, we require a signed covenant for which each student/chaperone will be held accountable. See attached.

I, _____, hereby authorize a representative of Heritage Presbyterian Church to give consent for medical treatment of my child, _____, in the event of illness or injury. I further release Heritage Presbyterian Church, its employees and its volunteers from any liability in the event of any accident en route, during, or returning from any church events and /or trips. In case of emergency, I understand that every effort will be made to contact me as parent or guardian. In the event that I cannot be reached, I give permission to the physician or medical professionals selected by the church representative to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. This authorization is effective for the individual named above for the period of September 1, 2016 through August 31, 2017.

By marking yes or no, you give permission for photos of the student to be used by HPC for promotional reasons. Yes ___ No ___

Adult/Parent or guardian signature _____ Date _____

(over for medication authorization)

HPC Medication Authorization

Authorization for medication to be taken on church outings

Name: _____

Known allergies to meds, latex, foods, insects _____

Other pertinent medical info, such as seizures, etc.: _____

Does youth/adult carry an epi pen? _____ Is youth/adult diabetic? If yes, Type: _____ Circle: meds or diet-controlled

Medication	Reason for taking	Time it is to be taken	Dosage

NOTE: ALL MEDICATIONS MUST BE IN THE ORIGINAL CONTAINER (PRESCRIPTION OR OVER THE COUNTER) AND ONLY THE INSTRUCTIONS FOR DOSAGE AND TIMES FOR ADMINISTRATION WRITTEN ON THE CONTAINER OR RECEIVED FROM THE DOCTOR OR PARENT WILL BE FOLLOWED. Expired meds will not be administered.

I authorize the volunteer staff of Heritage Presbyterian Church to administer the following over-the-counter medications to my youth. Generic and common brand names are provided where appropriate. Your youth may be given either the brand or generic of these medications. Please line through the medications that you do NOT approve for your youth to take in accordance with the medication label.

Tylenol -- acetaminophen

Motrin -- ibuprofen

Benadryl diphenhydramine HCL

Sudafed pseudoephedrine HCL

Immodium — loperamide HCL

Tums — calcium carbonate

Neosporin bacitracin zinc, neomycin, and polymyxin

Insect Repellent with 7% DEET

Calamine Lotion -- calamine and zinc oxide

Aloe Extra Gel -- lidocaine hydrochloride

Simethicone — gas discomfort tabs

Bisacodyl — laxative tabs

Emetrol — (nausea) glucose, fructose, phosphoric acid

Eye wash — water, boric acid, sodium chloride

Peroxide — hydrogen peroxide

Iodine — povidone iodine

Hydrocortisone cream — 1% hydrocortisone

Robitussin cough/cold guaifenesin

All of the above may be taken (circle, **OR** all of the above except:

I authorize the volunteer staff of Heritage Presbyterian Church (HPC) to assist my youth/me in taking the above indicated medication(s). I hereby release and waive, and further agree to indemnify, hold harmless or reimburse HPC, the individual members, agents, and representatives thereof, from and against, any claim which I, any other parent or guardian, any sibling, the youth or any other person, firm or corporation may have claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with the administering of this medication.

Adult/Parent or guardian name (printed)

Signature of Adult/Parent or guardian

(Date)