

VIENNA PRESBYTERIAN CHURCH
RELEASE AND HOLD HARMLESS AGREEMENT/MEDICAL INFORMATION FORM
FOR ALL STUDENT MINISTRIES & CHILDREN'S MINISTRIES ACTIVITIES

Name _____ Sex _____ Age _____ Grade _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mother's Cell _____ Father's Cell _____

Mother's Name _____ Father's Name _____

Guardian Name (if different) _____ Cell _____

Mother's Occupation _____ Work Phone _____

Father's Occupation _____ Work Phone _____

Known allergies or problems _____

Hospitalization Insurance Co. _____ Policy # _____

Physician _____ Phone _____

Please list the name of nearest relative/friend (circle one) to be contacted in case of emergency if parents cannot be reached

Name _____ Home Phone _____ Cell Phone _____

By my signature, I, _____ the parent or guardian of _____
grant my permission for him/her to participate fully in activities or trips sponsored by Vienna Presbyterian
Church Student Ministries or Children's Ministries. I understand that my signature carries with it the following:

1. An authorization of any of the adult leaders to obtain necessary medical attention and/or treatment for my son/daughter.
2. I knowingly release, absolve, indemnify, and hold harmless Vienna Presbyterian Church from all claims that might result from any injury or death of any minor.
3. Should medical help be needed, I agree to pay either directly or through my own health and accident insurance policy all medical or hospital costs.

Signature of Parent or legal guardian

Date

Witness

Date

Witness

Date