

Westminster Presbyterian Church Emergency Medical Release Form

Child's Name _____ Date of Birth _____
Last First M.I.

Parent's/Guardian's Name Phone #

Doctor's Name Phone #

Health Insurance Co. Policy #

Name of Subscriber Subscriber's D.O.B

Allergies or other medical info.

Disabilities or limitations

History of physical or medical issues

**Our staff & volunteers are not permitted to give any medications to minors. If your child needs regularly prescribed medications during the time they will be under our care, a parent/guardian will need to administer the medication. Please make the Director of Children & Family Ministries aware of such need.*

WE, the parents/legal guardians of _____, do hereby authorize the performance upon our child, by any physician licensed to practice medicine in the Commonwealth of Pennsylvania, any emergency procedure the Physician deems necessary to save the life, limb, or continued good health of our child.

Any emergency surgical procedure is to have the unreserved consensus of not less than two (2) licensed physicians. This document is in no way intended for or to be construed as authorization for the performance of investigational procedures or treatments.

We, the parents/legal guardians, take full responsibility for any emergency procedure or treatment performed. This document is valid only after any unsuccessful attempt is made to locate the parents or legal guardians of the child noted hereon.

Print Name (Parent/Legal Guardian)

Signature (Parent/Legal Guardian)

Date



Westminster Presbyterian Church
10 W. Pleasant Grove Rd. • West Chester, PA 19382
610.399.33377 • westminsterpc.org • info@westminsterpc.org

Westminster Presbyterian Church Parent Consent Form

I give my consent to Westminster Presbyterian Church to: Yes No

- Administer first aid procedures in the case of a minor accident
- Transport my child to Chester County Hospital in event of a major accident
- Notify & release my child to the individuals noted below in event of a medical emergency.

Person(s) to Notify in an Emergency if parent(s) cannot be reached:

Name	Relationship to Child	Phone
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I _____ (print name) hereby give permission for my child to participate in Westminster Presbyterian Church, West Chester, PA Children's Ministry Activities from _____ to June 24, 2024 to June 28, 2024 and release Westminster Presbyterian Church and the children's ministry leadership in West Chester, PA from any and all liability to me or my child as a result of his/her participation. Also, I understand that Westminster Presbyterian Church or the children's ministry leadership does not assume any responsibility for loss of, or damage to, personal property of participant.

I also acknowledge that by signing this form I grant permission to the children's ministry leadership & staff to take photos and video for promotional and ministry related purposes only, e.g. website, Facebook, flyers, etc. I understand that children's names will not be used in association with their images.

Signature (Parent/Guardian)

Date



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