



**PARENT/GUARDIAN MEDICAL & LIABILITY RELEASE FORM FOR  
SECOND PRES EVENTS JUNE 1, 2017 – MAY 31, 2018**

I, \_\_\_\_\_, do  
state as follows:

1. I am the parent/guardian of \_\_\_\_\_, a minor child.
2. Said child has my permission and consent to participate in activities offered by Second Presbyterian Church, either at Second Presbyterian Church or at a Second Presbyterian Church-sponsored event.
3. I understand that participating in Second Presbyterian Church activities might involve situations where said child is exposed to hazards inherent with the activity, despite reasonable measures taken to safeguard the health and safety of each participant, and therefore absolve Second Presbyterian Church and the activity leaders from liability to me or the above named child, because of any injury to said child while participating in the activities of Second Presbyterian Church conducted whether on or off Church property.
4. In the event that said minor child sustains an injury or becomes ill during the course of attending the activities of Second Presbyterian Church, I authorize the activity leaders of the Church to administer first aid and/or seek medical services for said minor child at my expense. I absolve Second Presbyterian Church and the activity leaders from liability to me or the above named child for any injury to said child while administering such first aid and/or seeking medical care as they deem reasonable under the circumstances.
5. In the event that medical services are required, I hereby consent to any: x-ray; examination, anesthetic administration; medical, dental or surgical diagnosis and treatment; hospital care and treatment; or administration of drugs or medicine to said minor child under their general or specialized supervision and upon the advice of a duly licensed physician and/or surgeon.
6. I understand that this consent applies to any and all emergency medical situations that might arise during the above-described activities.
7. A copy of this original form shall be considered as valid as the original.
8. I, as the parent or guardian of the above named child, give consent for Second Pres staff, Second Pres volunteers, and ministry partners to use photos, video containing the child, their name, shared comments or opinions for programmatic and promotional purposes. All parties will agree to use appropriate discretion when such content or information is used. Please contact the church office if you, as the parent or guardian, wish to have other arrangements made.
9. Said minor child:
  - a. Has \_\_\_\_\_  
(Specify any condition, such as heart trouble, asthma, etc. which would affect his/her participation).

b. Takes the following prescription medicines \_\_\_\_\_

Medical insurance carrier: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Please submit a copy of your medical insurance card with this form to  
Mary.Flannery@secondpres.com**