

First Presbyterian Church of Waukesha
2016-2017 Medical Information / Permission Form*

Please return to Sue Root's mailbox at church.

Name: _____ DOB: _____

Address: _____

City / State / Zip: _____ Home phone: _____

CONTACT INFO:

Emergency Contact: _____

Relationship to child: _____ Phone: _____

HEALTH INFO:

Name of physician: _____ Phone: _____

Insurance provider: _____

Insured: _____ SSN: _____

ID #: _____ Group #: _____

Allergies (environmental and pharmaceutical), medications, or other conditions of which we should be aware:

PERMISSION:

I give permission for my child to be transported as necessary to and from youth events sponsored by First Presbyterian Church of Waukesha. In the event my child requires emergency medical treatment, if I cannot be contacted, I authorize First Presbyterian Church of Waukesha and its representatives to act for me in seeking and consenting to medical treatment on behalf of my child, and I give my permission to those administering emergency treatment to do so using those measures deemed appropriate in accordance with reasonable medical judgment. To the fullest extent permitted under Wisconsin law, I release First Presbyterian Church of Waukesha, its representatives and volunteers from liability arising out of or in connection with any such actions taken on my behalf.

Parent / Guardian signature: _____

Parent / Guardian name (print): _____

Date: _____

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for ALL

I give permission to First Presbyterian Church of Waukesha to use unidentified pictures of the child named on this form for publicity purposes. I understand that last names will never be used in conjunction with the photos.

Parent / Guardian signature: _____

Parent / Guardian name (print): _____

Date: _____

I respectfully decline permission

All information contained on this form will be kept securely and confidentially.