

**Covenant Presbyterian Church**  
**Youth Fellowship**  
**Medical and Release Information**

Youth's Name: \_\_\_\_\_

Parent's Names: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: Home: \_\_\_\_\_ Business: \_\_\_\_\_

In the event that I cannot be reached, contact:

\_\_\_\_\_ Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date of child's last tetanus shot: \_\_\_\_\_

In the event that neither I nor my authorized representatives named above can be reached in an emergency, or where an effort to reach such persons would result in a delay that would seriously endanger the physical condition of my child, \_\_\_\_\_, I hereby give permission to the adult leader(s) of the youth fellowship program who are standing *in loco parentis* to my child to give consent in my place and stead and in my behalf to any physician, hospital or other medical personnel or facilities to perform any and all types of medical and dental treatment on my child, including but not limited to, examinations, hospitalization, administration of drugs either orally or by injection, anesthesia and surgery.

Local hospital preference: \_\_\_\_\_

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

Allergies/drug reactions: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent(s) Signature(s)

\_\_\_\_\_

Event: \_\_\_\_\_ Date: \_\_\_\_\_

For and in consideration of the Covenant Presbyterian Church of Johnson City, TN, taking my child to the church-related activities for which they are registered, I, the above-signed parent or guardian of said child, do hereby release and forever discharge the Covenant Presbyterian Church of Johnson City from any and all liability for injury of damage sustained by said child while attending the event, including but not limited to, any claims for injuries or damage to the person, death, medical expenses and hospitalization, court costs, and/or attorney fees arising out of any injury received by said child while in attendance.