

OEPC EVENT HEALTH FORM AND PERMISSION SLIP

NAME _____ BIRTH DATE _____ AGE _____ SEX _____
(Last) (First) (I.)

SOCIAL SECURITY NUMBER _____

EVENT ATTENDING _____ GRADE _____

HOME ADDRESS _____
(Street & Number) (City) (State) (Zip)

PARENT OR GUARDIAN _____

HOME PHONE _____ WORK NUMBER(S) _____

IF NOT AVAILABLE IN AN EMERGENCY – NOTIFY

NAME _____ PHONE _____
(Street & Number) (City) (State) (Zip)

HEALTH HISTORY: (Check if appropriate)

Allergies

____ Hay Fever
____ Insect Stings
____ Penicillin
____ Other Drugs

Special Conditions

____ Diabetes
____ Seizures
____ Heart Disease
____ Other

Current Medications
(presc. & non-presc.)

Contact lenses: yes no
(circle one)

Recent surgery or serious injuries: (Dates) _____

Any specific activities to be restricted? _____

Last medical examination date: _____

Other special comments from parents or guardians: _____

In consideration of my child's participation in events sponsored by Oreland Evangelical Presbyterian Church, I hereby agree to release and hold harmless Oreland Evangelical Presbyterian Church, its officers, sponsors, or advisors, and EPC Presbytery of the East from any and all liability including third party claims in connection with my child's participation.

Furthermore, I acknowledge and accept that Oreland Evangelical Presbyterian Church assumes no liability or responsibility for loss or damage to any personal property.

Also I, who by law may do so, authorize the administration of emergency medical treatment to s/he who is subject to this form. I understand all reasonable safety precautions will be taken at all times by Oreland Evangelical Presbyterian Church or its agents liable for any accident, injury, or disease incurred by the subject of this form. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) above immediately.

I further agree that OEPC may tape or photograph my child and record his or her voice during their participation in the activities. I agree that OEPC will be able to use them, in whole or in part, whether in original or modified form, in any manner or media, including without limitation, for the purpose of advertising, promoting and publicizing OEPC whether during the activity or thereafter.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF YOUTH _____

INSURANCE COMPANY NAME _____

POLICY NUMBER(S) _____