

Westminster Presbyterian Church of Hueneme
Medical Release and Travel Form

This form must be filled out, signed, and returned to the Program Leader before you may attend any outing held off of church property.

Medical Release

Youth's Name: _____ Birth Date: _____

Parent's Name: _____ Address: _____
Apt # _____ City: _____ Zip: _____

Phone: _____ Student's school: _____ Grade: _____

In case of emergency notify: _____ Phone: _____

Name of Insurance _____ Policy # _____

Is there any drug that the student is allergic to? If yes, please note: _____

Is the student currently taking any medication? _____

I/We the parents/guardians of the above named youth, hereby authorize the Adult Leadership of Wes Pres Church, as agents of the undersigned, to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by the medical staff of a licensed hospital. Such diagnosis or treatment may be rendered at office of said physician or at said hospital. The undersigned shall be liable and agree/s to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Signature of Parent or Legal Guardian

Travel Form

_____ (Youth's Name) has my permission to attend events sponsored by Wes Pres Church, which is to be held off the church grounds with the understanding that the function will have appropriate adult supervision. The undersigned does also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Wes Pres Church. I also agree that my son/daughter will agree to participate in the activities provided by the directions of the adult leaders.

Signature of Student Participant

Signature of Parent / Legal Guardian