



Office:
Date Rec. _____

Medical and Liability Waiver Form

Student Info:

Student Name _____ Birth Date _____

Grade (Fall 2019) 6 7 8 9 10 11 12 College School _____

Home Address _____

Student Cell _____ Cell Provider _____ Gender _____

Student Email _____ T-Shirt Size S M L XL XXL

Parent Info:

Parent/Guardian Names _____

Parent Email(s) _____

Parent 1 Phone _____ Parent 2 Phone _____

Emergency Contact:

Alternate Emergency Contact Name _____

Emergency Contact Phone _____

Medical Insurance:

Medical Insurance Company _____

Policy Group and/or Service Number _____

Plan or Medical ID Number _____

Name of Policyholder _____

Policyholder's Employer _____

Medical Info:

Physician's Name _____ Phone _____

List All Allergies _____

List Any Surgeries _____

Are there any physical limitations/health history that would affect the ability for your student to participate in any Youth Activities

List All Medications (Prescribed & OTC) and reason for medication _____

Special Needs/Concerns (i.e. diabetes, asthma, epilepsy, etc.)

I agree that all of the above information is accurate and current.

Participant's Name _____

Participant's Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Student Agreement:

I, _____, agree to follow the following rules during the entirety of the event.

- I **will not** bring any drugs, alcohol, tobacco, or weapons to the activity.
- I **will not** behave in a way that is harmful to myself or others.
- I **will** respect myself, other students, and leaders of the activity.
- I **will** follow the instructions of the leaders of the activity.
- I **will** follow the rules and regulations of the activity.

Student Signature _____ Date _____

I, _____ give my permission for _____

(Parent or Guardian)

(Student's Name)

to participate with other students and adults from First Presbyterian Church Livermore on
(Name of Event) _____:

I understand that my child will be sent home at my expense if they are found with any drugs, alcohol, tobacco, or weapons. I also understand that my child will be sent home at my expense if they are behaving in a way that is harmful to themselves, harmful to others, or involves destruction of property.

I agree that my child will abide by the rules and regulations governing the activities and will obey any instructions given by the person(s) having supervision and control of activities.

In the unlikely event of an emergency, I give my permission for my student to be treated by an accredited physician in an approved emergency clinic or hospital. I designate the adult leaders for the group with the authority to act on my behalf and order appropriate treatment. I further release from any liability the San Francisco Presbytery and First Presbyterian Church Livermore and its officers and approved emergency clinic leadership, in the event of any accident in route during and returning from these events. I expect to be contacted as soon as possible.

*** If we cannot provide proof of medical insurance, I have signed the waiver releasing liability below.**

Parent Signature

_____ Date _____

Student Signature

_____ Date _____

Liability Waiver

*NOTE: Please complete and sign **only if you do not** have medical insurance for your student. I*
_____ do not have medical insurance for my

child _____ . (Student's Name)

I understand that by my child attending any youth events that the First Presbyterian Church Livermore and the San Francisco Presbytery will not be responsible for any emergency medical expenses incurred.

I also understand that the First Presbyterian Church Livermore and San Francisco Presbytery will not be held liable for my child's actions that might involve a lawsuit.

Parent Signature

_____ Date _____