

**PRESTON HOLLOW PRESBYTERIAN CHURCH
MEDICAL AUTHORIZATION FORM AND RELEASE**

Name of Participant (the "Child"): _____ Sex: _____ Age: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ Cell Phone: _____

IN CASE OF EMERGENCY CALL:

Name: _____ Relationship _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Cell Phone: _____

ALTERNATE CONTACT:

Name: _____ Relationship _____ Home Phone: _____

Address: _____ City: _____ State: _____ Zip Code: _____ Cell Phone: _____

MEDICAL INFORMATION: Please list all allergies: (This includes all Medications, Foods, Insect Bites, Asthma, etc.)

CARRY EPI PEN/INHALER? _____ YES _____ NO

*Note of medical necessity from Dr. stating child may keep this medicine/device in his/her possession. Please include note with this form.

Please list any medications this child is presently taking:

*Prescription medicine must be in original labeled container. Minors may not self-administer meds, except if needed for life threatening conditions (e.g. EPI Pen/Inhaler).

Please list all health restrictions, pre-existing or present medical conditions:

Family Doctor: _____ Phone: _____

Name of Insurance Company: _____ Phone: _____

Policy Number: _____ Date of Last Tetanus Shot: _____

My Child does not (I do not) currently have health insurance.

I/We understand that in the event medical intervention is needed, attempt will be made to contact immediately the persons listed on this form. In the event I/we cannot be reached or the alternate contact person cannot be reached, I/we hereby authorize and appoint the adult associated with PRESTON HOLLOW PRESBYTERIAN CHURCH who has the actual care, control and possession of the Child at the time of need, as my/our agent to consent to medical treatment of the Child, such medical treatment to include, without limitation, transportation, X-ray examination, anesthetic treatment, medical, dental or surgical examination or treatment, and general hospital care. No prior determination of life-threatening emergency or danger or serious or permanent injury resulting from delay of treatment need be made under this Authorization. I have the right to consent to such treatment.

I/We understand that reasonable care will be taken by PRESTON HOLLOW PRESBYTERIAN CHURCH and its ministry partners during all events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold PRESTON HOLLOW PRESBYTERIAN CHURCH, its leaders, employees, and/or volunteer staff liable for damages, losses, diseases, or injuries incurred by said Child. Furthermore, I/We hereby assume all risk of, and RELEASE PRESTON HOLLOW PRESBYTERIAN CHURCH from, liability for personal injury, sickness, death, damage, and expense as a result of participation of the Child in recreation and work activities involved therein.

I/We understand that my insurance coverage for my/our child will be used as primary coverage in the event medical intervention is needed. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I/We hereby assume all transportation costs.

PARENT OR GUARDIAN'S SIGNATURE _____ Date _____

Please read and sign.

Photo Permission: (*Please check one*) **I DO** ___ **I DO NOT** ___ give Preston Hollow Presbyterian Church permission to use photographs or video of my child for publication (print or web) purposes. *Please note PHPC does not use the names of children on its website.*

Child's Name _____

Parent/Guardian Signature: _____ **Date:** _____

Return completed form to: Veronica Smoot, PHPC Administrative Assistant, in person or by mail.
Mailing address: Preston Hollow Presbyterian Church, Attn: Veronica Smoot, 9800 Preston Rd, Dallas, TX 75230
214-368-6348, ext. 133 or email: vsmoot@phpc.org