

# First Presbyterian Church of Buffalo

One Symphony Circle, Buffalo, NY 14201 (716) 884-7250

## CONSENT AND RELEASE FROM LIABILITY

[Child's Name] \_\_\_\_\_ has my permission to participate in all activities of the First Presbyterian Church of Buffalo and to be transported by Church van or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the First Presbyterian Church of Buffalo, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give the First Presbyterian Church of Buffalo written notice to the contrary.

Parent/Guardian signature: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

## MEDICAL CARE PERMIT

I hereby authorize emergency medical care or first-aid treatment as needed for [Child's Name] \_\_\_\_\_ in the event of illness or injury during any sponsored activity of First Presbyterian Church of Buffalo. This permit is in effect until I give First Presbyterian Church of Buffalo written notice to the contrary.

Parent/Guardian signature: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance company's emergency phone: \_\_\_\_\_

## EMERGENCY INFORMATION

	Parents	Nearest Relative	Neighbor
Name			
Address			
Phone			

Please print (use the back of the form if necessary)

Has he/she had any surgery or serious illness within the last 3 years? \_\_\_\_yes \_\_\_\_ no. If yes, explain:

Is he/she required to take any medication? \_\_\_\_yes \_\_\_\_ no. If so, for what reason and how often?

Does he/she have any allergies or allergic reaction to any medication? \_\_\_\_yes \_\_\_\_ no. If yes, explain.

Is he/she presently under a doctor's care? \_\_\_\_yes \_\_\_\_ no. If yes, explain.