



University Presbyterian Church
 2203 San Antonio Street
 Austin, Texas 78705

2008-2009 Youth Medical Release & Emergency Contact Information Form

YOUTH & CHILDREN:

Name: _____ Birthdate: _____ Grade: _____

Name: _____ Birthdate: _____ Grade: _____

Name: _____ Birthdate: _____ Grade: _____

Name: _____ Birthdate: _____ Grade: _____

.
EMERGENCY CONTACT INFORMATION

Father's/Guardian's Name _____ Cell Phone _____

Location/Address _____ Work Phone _____
 (daytime)

_____ Home Phone _____
 (evening)

Mother's/Guardian's Name _____ Cell Phone _____

Location/Address _____ Work Phone _____
 (daytime)

_____ Home Phone _____
 (evening)

Alternate Contact Name: _____ Cell Phone _____

Location/Address _____ Work Phone _____
 (daytime)

_____ Home Phone _____
 (evening)

Preferred Physician _____ Phone _____

Preferred Dentist _____ Phone _____

Insurance Carrier _____ Phone _____

I.D. Number(s) _____

THIS FORM WILL REMAIN ON FILE IN THE CHURCH OFFICE FOR THE CURRENT SCHOOL YEAR. PLEASE INFORM US IF THERE ARE ANY PERTINENT CHANGES. -THANK YOU.

I hereby give my consent for my child(ren), _____

_____,
(circle one) Members / Non-members, to attend general youth events, trips, & retreats associated with University Presbyterian Church, Austin, TX.

I give my permission and fully authorize the adult advisors and/or staff of University Presbyterian Church, Austin, TX, in their best judgment, to seek any and all emergency, diagnostic, or medical care that might be necessary for my child(ren). I understand that reasonable effort will be made to reach parents/guardians if time permits. I hereby waive, release, absolve, indemnify and agree to hold harmless University Presbyterian Church, Austin, Texas, its officers, employees and members for any claim arising out of any injury to my child whether the result of negligence or for any other cause except to the extent and in the amount covered by accident or liability insurance. I hereby grant authority to any licensed medical doctor to render such medical treatment as said doctor deems necessary under the circumstances.

Signed _____ Date _____ Relationship _____
(must be signed by parent or legal guardian)

Will your child(ren) be carrying any prescription medications while on overnight trips?
If so, please describe.

Child's Name	Medication	Dosage/Instructions/Side-Effects
_____	_____	_____
_____	_____	_____
_____	_____	_____

Indicate any **special and/or medical conditions** (allergies, disabilities, seizures, etc.) of which sponsors, event personnel, and/or emergency medical personnel should be aware. Please also note **any recent hospitalizations and/or surgeries**.
(NOTE: This form is taken along if emergency care is necessary.)

Child's Name	Notes
_____	_____
_____	_____
_____	_____

- I do give permission for my child(ren)'s photos to appear on UPC publicity materials, including the UPC Website (www.upcaustin.org).
- I do *not* give permission for my child(ren)'s photos to appear on UPC publicity materials, including the UPC Website (www.upcaustin.org).

Signed _____ Date _____