

**2007-2008 Youth Ministry Program Year
Medical Release Form**

First Presbyterian Church of Dutch Neck
154 South Mill Road – Princeton Junction, NJ 08550
(609) 799-0712

Please Fill Out One Form Per Child

Name: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Names: _____

Address: _____

Home Phone: _____ Email: _____

Emergency Phone: _____

Emergency Contact Name/Phone: _____

School Attending: _____

Medical Release:

Please list any allergies your child may have to food, medications, etc:

Health Problems/Special Needs/Restrictions:

In case of medical emergency, the staff and adult advisors of the Youth Ministry program at First Presbyterian Church of Dutch Neck are authorized to consent to any diagnosis, examination, treatment or hospital care for my child which is deemed advisable by and is rendered under the supervision of a physician. In event of an emergency, staff and advisors will make every attempt to contact the undersigned parent or guardian. I release the church and its agents from responsibility in the case of accident or illness in connection with any authorized church activities.

Signature of Parent/Guardian _____

Date _____