

**Monte Vista Presbyterian Church**  
**2008-2009 Youth Ministries Medical Form—(Valid through 09/30/09)**

**MINOR INFORMATION (please print)**

Full Name of Minor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone/pager: \_\_\_\_\_ Minor's Cell Phone: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent / Guardian Full Name(s): \_\_\_\_\_

*(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information)*

**HEALTH / DENTAL INSURANCE INFORMATION**

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dental Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In an emergency, please notify one of the following:

1) Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone / Pager: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone / Pager: \_\_\_\_\_

**MEDICAL HISTORY**

Has minor had all school-required vaccinations? Yes \_\_\_ No \_\_\_ Date of last tetanus shot: \_\_\_\_\_

Does minor have a communicable disease or medical condition that may be a risk to others? Yes \_\_\_ No \_\_\_ If Yes, Please describe: \_\_\_\_\_

Does Minor have any drug allergies? Yes \_\_\_ No \_\_\_ If Yes, Please describe: \_\_\_\_\_

Please list the name, dosage, and purpose of medications currently being taken by Minor: \_\_\_\_\_

Please describe any special considerations regarding Minor (medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc): \_\_\_\_\_

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**AUTHORIZATION FOR MEDICAL TREATMENT**

As the parent or legal guardian of \_\_\_\_\_ (“Minor”), each of the undersigned gives his or her authorization and consent for Monte Vista Presbyterian Church of Newbury Park, CA (the “Church”) and the Church’s adult employees, agents, and volunteers (collectively with the Church, the “Monte Vista Presbyterian Church Parties”) to seek, authorize, and consent to such medical or dental care for Minor (“Treatment”) as any one or more of them may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the state or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. Every effort will be made to contact one of the signers of this authorization before treatment is authorized whenever possible. This Authorization for Medical Treatment may be photocopied hereof and shall be as valid as an original copy.

Each of the undersigned acknowledges and agrees that the Monte Vista Presbyterian Church Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration of Minor’s participation in one or more events sponsored by the Church, each of the undersigned hereby agrees to indemnify, defend, and hold harmless the Monte Vista Presbyterian Church Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims, or demands that may be brought or instituted against any Monte Vista Presbyterian Church Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

Name: \* \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \* \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Note: Each person who has legal custody of Minor should sign this Authorization for Medical Treatment, and only a person who signs will be considered a legal custodian of Minor.*

**CONSENT AND DISCHARGE OF LIABILITY**

Name of Minor: \_\_\_\_\_

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE STUDENT, AND OTHERS.

I, the undersigned parent/legal guardian of the minor student identified above hereby give my permission for the student to participate in any program or event occurring from the date of this signed document through September 30, 2009, and to be transported to, from and during the Events in any vehicle designated by an employee, agent, or volunteer (an “Agent”) of the Monte Vista Presbyterian Church of Newbury Park, CA (the “Church”).

In consideration of the student being allowed to participate in the Program:

1. I understand that the church and its volunteers will exercise their judgment in supervising the student and other participants in all sponsored activities and have a right to expect conduct of activities to be accomplished in a safe and careful manner. In spite of this care, it is always possible for the student to be injured or become ill during the activities. In consideration of sponsoring, organizing and supervising the activities during this time period as well as providing other services before, during and after the activities, I agree to defend, and hold harmless the Church and any of its Agents, employees or volunteers (collectively, the “Monte Vista Presbyterian Church Parties”) from and against any and all losses, damages, liabilities, or expenses that arise out of or result from the Student participating in the Program.
2. I understand and agree that the Student may be sent home at my expense if any Agent, employee or volunteer determines that the Student has: engaged in disruptive behavior, broken any rules or constitutes a threat to the safety or well being of any other participant at any time during any activity

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Legal Guardian*

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Parent/Legal Guardian*