



2022-2023 MEDICAL FORM

First Presbyterian Church
3231 Tilghman Street * Allentown, PA 18104 * (610) 395-3781

Name Birthdate
Home Address Grade or Adult
Phone Number E-mail address
First Parent/Guardian E-mail address
Home Phone Cell Phone
Work Phone
Second Parent/Guardian E-mail address
Home Phone Cell Phone
Work Phone
Emergency Contact (other than parents/guardians) Name
Relationship Home Phone
Cell Phone Work Phone

HEALTH HISTORY (Please check any that apply)

Anemia Diabetes Other
Asthma Heart Condition
High Blood Pressure Seizure Disorder

Date of Last Tetanus Shot?
List any recurring problems, either physical or emotional
List any allergies to food, drug or insect stings (if none, write none)
List any other dietary restrictions (e.g. vegetarian, lactose intolerant)

MEDICATION ADMINISTRATION PERMISSION

List current medications and dosages (if none, write none)

For parents of participants under the age of 18: Please read carefully and check one of the following boxes:
You must check only one box below

My child has my permission to be given and take any over the counter medication...
My child may be given only the following over the counter medications:
My child is not permitted to take any over the counter medications.

All prescription medication (except inhalers and epinephrine pens) for participants under the age of 18. You are responsible for notifying the church office of any changes to information on this form during the current year (September through August).

MEDICAL CONTACTS

Family Physician _____

Phone _____

Do you carry family medical/hospital insurance? _____

If so, please indicate: Carrier _____

Contract/Group # _____

Individual Agreement # _____

RELEASE/CONSENT FORM

My/our child, _____ has my/our permission to participate in all Faith Formation ministries/events of First Presbyterian Church in Allentown, PA from September 2021 through August 2022. I/we give permission for my/our child to be transported by an adult approved by the church if transportation is required for an event. I/we also give permission for photographs/videos including my child to be taken and used by the church.

I/we do hereby release, forever discharge and agree to hold harmless said church from any and all liability, claims or demands for person injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above described ministry/events.

Furthermore, I/we on behalf of my/our child-participant under the age of 18, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to defend, hold harmless and indemnify said church, its officers, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

I/we have also read the Faith Formation Participation Policies (copy available on the church website) and understand that they will be applied by those in positions of leadership.

I/we understand that on-line registration is used for those events requiring advance registration and that by registering my/our child on-line I/we are giving permission for my/our child to participate on that specific event/activity.

Only participant need sign if 18 years of age or older. If under 18, both parents must sign unless parents are separated or divorced, in which case the custodial parent must sign.

First Parent/Guardian: _____ Date: _____

Second Parent/Guardian: _____ Date: _____

I have read the foregoing and understand the rules of conduct for participants as outlined in the Faith Formation Participation Policies and will abide by them as well as the directions of the leadership of these programs.

Participant: _____ Date: _____