

CLEMSON PRESBYTERIAN CHURCH (Presbyterian Church in America)

346 Old Greenville Highway, Clemson, SC 29631 (864) 654-4772

Student Medical Release for 2018

I, _____, hereby give my permission to Clemson Presbyterian Church, its staff and volunteers to care for my student during any or all outings, events, conferences or retreats for the year of 2018. I understand that my student must still register for each event through the office and are under no obligation to attend any or all of the opportunities offered. I also understand that in the event of an emergency every effort will be made to contact me. However, if medical treatment is required and I cannot be reached, I hereby grant my permission to the staff person or trained volunteer to administer first aid and to secure services of a licensed physician. The licensed physician is allowed to give whatever medical treatment he/she deems necessary. I do hereby release Clemson Presbyterian Church, its staff and volunteers from any and all accident or injury liability related to these activities, including transportation.

Parent or Legal Guardian Signature

Date

Legal Name of Student: _____

Date of Birth: _____

Emergency Phone Numbers: 1. _____ 2. _____ 3. _____ 4. _____
Cell (Mother) Cell (Father) Home Other

Date of Student's Last Tetanus Shot: _____

***Please check if your student has any current or past health problems in the following areas:

___ Asthma	___ Glasses	___ Genitourinary
___ Heart Disease	___ Headaches	___ Neurological
___ Hypertension	___ Psychiatric	___ Muscular
___ Diabetes	___ Skin	___ Circulatory
___ Blood Problems	___ Skeletal	___ Dizziness
___ Respiratory	___ Gastrointestinal	___ Other _____

Please give details of any items marked (use reverse side if needed): _____

Allergies (including foods/medicines): _____

NOTE: You are responsible to notify the staff of any changes which may occur throughout the year

Insurance Company: _____

Name of Policy Holder: _____

Address & Phone of Insurance Co. (if not listed on card below): _____

FRONT of student's insurance card



BACK of student's insurance card

