

FIRST PRESBYTERIAN CHURCH

101 Legends Club Lane, Franklin, TN, 37069
615-794-5114

2023-2024 MINOR MEDICAL INFORMATION FORM (CONFIDENTIAL)

Legal Name: _____ Preferred Name: _____
Date of Birth: _____ Gender: _____
Address/City/State/Zip _____
Home Phone _____ Child Cell Phone (if applicable): _____
Parent 1 Name: _____ Cell Phone: _____ Work Phone: _____
Parent 2 Name: _____ Cell Phone: _____ Work Phone: _____
Insurance Name: _____ Group #: _____
Subscriber's Name: _____ Subscriber ID #: _____
Social Security Number (optional; full or last 4 numbers – speeds insurance verification): _____
Pediatrician/Family Physician Name: _____ Phone: _____
Dentist Name: _____ Phone: _____
Orthodontist Name: _____ Phone: _____

Health History

SIGNIFICANT/ONGOING MEDICAL CONDITIONS that adult leaders or medical personnel should know in an emergency (ex: diabetes, asthma/respiratory problems, migraines, bone or joint injuries): **NONE** ☐

ALLERGIES (food, drugs, insects, environmental):

NO KNOWN ALLERGIES ☐

MEDICATIONS (Please list prescription and non-prescription drugs, including medications the youth may carry with them, such as Epi-pens or inhalers. Attach an additional page if needed. For overnight activities, ALL prescription and non-prescription drugs MUST be in the original, labeled container and given to the designated adult for safekeeping and written distribution instructions.) **NO MEDICATIONS** ☐

Drug Name

Dosage

Treatment for

Does youth need any assistance with administering medications? YES ☐ NO ☐

(if YES, please explain): _____

Date of last Tetanus shot: _____

Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know (please attach information on a separate page if required):

Emergency Contact Information (other than parents)

Please list at least (2) contact names and phone numbers (other than parents)

NAME

PHONE #

RELATIONSHIP

FIRST PRESBYTERIAN CHURCH
101 Legends Club Lane, Franklin, TN, 37069
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**PERMISSION AND RELEASE
(2023-2024)**

First Presbyterian Church sponsors various activities for its children/preteens/youth. I give permission for my child to participate in any church-sponsored activity that my child attends. I understand that with any activity, including transportation, there is the chance of injury to person or damage to property. Notwithstanding that risk, I release, relieve, and hold harmless **First Presbyterian Church**, its employees, members, and volunteers (including drivers) from any and all liabilities, including liability resulting from injury to person or damage to property, arising out of my child's participation in a church-sponsored activity, including transportation as stated below.

TRANSPORTATION _____ (initial)

Further, I give permission for my child to ride the church bus or with a church-approved driver¹ to and from church-sponsored activities. All children are expected to ride the bus (or other church-designated transportation) to such events, unless prior arrangements have been made with the Director of Children's or Youth Ministries.

Further, I agree to assume all transportation costs if it becomes necessary for my dependent child to return home due to medical reasons, disciplinary action or otherwise.

¹(has completed background check and has provided driving information)

MEDICAL _____ (initial)

Further, I give any adult leaders from **First Presbyterian Church** permission to engage medical treatment, as deemed appropriate in consultation with medical professionals, for my dependent child should an emergency medical situation arise while attending or participating in any activity or event. I agree to be financially responsible for such medical treatment. I certify that the Medical Information Form provided is accurate and complete to the best of my knowledge.

Further, I give any adult leaders from **First Presbyterian Church** permission to administer first aid to my dependent child, including over-the-counter drugs for minor headaches or aches, wounds, stings, stomach virus, etc. in case of an illness or accident. [NOTE: any allergies to medications should be listed on the Medical Information Form.]

Further, I give any adult leaders from **First Presbyterian Church** permission to administer an at home covid-19 test if my child presents covid-19 symptoms.

PHOTOS _____ (initial)

Further, I understand that my dependent child may be photographed and that these photographs may be included in publications and web sites of **First Presbyterian Church**.

CELL PHONE TEXTING _____ (initial)

Further, I give permission to the adult leaders of **First Presbyterian Church** to send text messages to my dependent child to inform them of upcoming events.

Legal Name of Child (please print) _____

Parent or Legal Guardian _____ Date _____
(signature must be in presence of notary public)

I, the undersigned Notary Public, attest that the Parent/Legal Guardian who signed above did personally appear before me on this _____ day of _____, 20_____.

Notary Signature _____

My commission expires _____

This form must be signed and returned before your child will be permitted to participate in a church-sponsored activity.