



NORTH CREEK PRESBYTERIAN CHURCH

621 164TH STREET SOUTHEAST
MILL CREEK, WASHINGTON 98012
(425) 743-2386 · www.northcreekpres.org

2025-26

STUDENT MINISTRIES MEDICAL RELEASE & PERMISSION

EFFECTIVE DATES: SEPTEMBER 1, 2025 to AUGUST 31, 2026

ONLY ONE PARTICIPANT PER FORM · PLEASE PRINT IN BLACK INK ONLY

Participant's Name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Phone # (_____) _____ Email _____

PRIMARY EMERGENCY CONTACT

Contact's Name _____ Relation to Participant _____

Address _____

City _____ State _____ Zip _____

Primary Phone # (_____) _____ Secondary Phone # (_____) _____

SECONDARY EMERGENCY CONTACT

(Use someone who can get in contact with the primary contact)

Contact's Name _____ Relation to Participant _____

Address _____

City _____ State _____ Zip _____

Primary Phone # (_____) _____ Secondary Phone # (_____) _____

INSURANCE INFORMATION

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance (check one)? Yes _____ No _____

Name of insurance company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Family Doctor _____ City _____

Phone # (_____) _____

If you're the named participant should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information so we can provide proper medical care during their time with the youth ministry activity.

HEALTH HISTORY

List any pre-existing or present medical conditions: _____

List name and dosage of any medications that must be taken: _____

Check all that apply:

Any allergies?_____ To medications?____ hay fever_____ heart condition_____ diabetes_____ insect stings_____ epilepsy/nervous_____ asthma disorders_____ frequent upset stomach_____ physical handicap_____ Any major illnesses during the past year?_____

If any of the above are checked, please give details (for example, include normal treatment of allergic reactions)

Date of last tetanus shot_____ Contact lenses? Yes No
Any swimming restrictions? Yes_____ No_____ What?_____
Any activity restrictions? Yes_____ No_____ What?_____

PERMISSION/RELEASE

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the North Creek Presbyterian Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold North Creek Presbyterian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature:_____ Date:_____
Participant's Signature (if over 18 years of age): _____ Date:_____

PHOTOGRAPH, VIDEO, AND AUDIO MATERIAL

I, the undersigned, hereby consent to the use of any videos, photographs, slides, audio clips or any other visual or audio reproduction in which I may appear by North Creek Presbyterian Church in its print and online productions (including social media). I understand that these materials are being used for promotion of the youth ministry of North Creek Presbyterian Church, which includes recruitment and fund raising efforts.

I release North Creek Presbyterian Church from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment or fund raising program.

Parent/Guardian Signature:_____ Date:_____
Participant's Signature (if over 18 years of age): _____ Date:_____