



# Medical Release Form

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's phone

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Insurance Phone

\_\_\_\_\_  
Hospital preference

Is your child up-to-date on immunizations? NO YES Date of last tetanus shot \_\_\_\_\_

Is your child epileptic? NO YES

Is your child diabetic? NO YES

Is your child allergic to medications? NO YES (please list) \_\_\_\_\_

Does your child have other known allergies? NO YES (please list) \_\_\_\_\_

Does your child have food allergies? NO YES (please list) \_\_\_\_\_

Does your child carry an EpiPen? NO YES N.A.

Is your child currently taking medications? NO YES (please list) \_\_\_\_\_

Are there any other medical conditions that we should know about? \_\_\_\_\_

Are there any other conditions or details we should know about to help us provide the best care for this child (separation anxiety, behavior issues, etc.)?  
\_\_\_\_\_

Emergency Contacts: List 2 people OTHER THAN PARENTS we may contact in the event of an emergency (if parents cannot be reached).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone (home/cell/work)

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone (home/cell/work)

\_\_\_\_\_  
Relationship to child

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services if my child is injured or becomes ill. I authorize the leaders of St. Andrew Presbyterian Church (or those whom I designate as emergency contacts) to make emergency medical care decisions on behalf of my child, if required by law or a health care provider in my place and consent to all necessary and appropriate medical care. I understand that St. Andrew Presbyterian Church will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the children's or youth directors in writing of any health changes that would restrict my child's participation in any normal activities.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release St. Andrew Presbyterian Church and authorized leaders from any and all claims, demands, actions, loss, or causes of action from any injury or other occurrences my child sustains while participating in a church-sponsored activity.

\_\_\_\_\_  
Parent/Guardian Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

## Activities Release Form

I, the undersigned, being the parent or legal guardian of the child listed on this form, do hereby consent to the participation of my child in all the scheduled activities of St. Andrew Presbyterian Church, including overnight or weekend trips. Further, I certify that my child is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the leader in writing. Note to Parent: If giving consent for one specific activity only, or if this consent is otherwise restricted, please specify: \_\_\_\_\_

### Initial

\_\_\_\_\_ I give permission for my child to be transported to and from church sponsored activities in a church, rental, or private vehicle, driven by an adult who has been screened by the church.

\_\_\_\_\_ I understand that in the event of misconduct, I authorize the St. Andrew Presbyterian Church leader to send my student home at my expense.

\_\_\_\_\_ I understand the church insurance begins where my child's health and accident policy terminates and has been extended to its limits.

\_\_\_\_\_ I realize that St. Andrew Presbyterian Church is not responsible for any personal belongings lost, stolen, or broken on the premise or at events sponsored offsite.

## Media Release Form

Throughout the year, St. Andrew events may be publicized on TV, radio, newspaper, web sites or in other forms. I give permission for my child to be photographed, interviewed and/or quoted, and/or to appear on TV, radio, in print or on a web site \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Parent/Guardian Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

List people OTHER THAN PARENTS who have permission to pick up this child.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone (home/cell/work)

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone (home/cell/work)

\_\_\_\_\_  
Relationship to child

\_\_\_\_\_  
Is there anyone who **cannot** pick up your child?

## Contact Information

St. Andrew Presbyterian Church: 2251 1st Avenue, Coralville, Iowa 52241

Office Number: 319/338.7523

Email: [office@saintandrew-ic.org](mailto:office@saintandrew-ic.org)

### Family, Youth, & Children Directors:

Randy Hausler, Director of Youth Ministries [rhausler@saintandrew-ic.org](mailto:rhausler@saintandrew-ic.org)

Heather Woodin, Director of Children's & Family Ministries [hwoodin@saintandrew-ic.org](mailto:hwoodin@saintandrew-ic.org)

Kristen DeGrazia, Assistant Director of Music [kdegrazia@saintandrew-ic.org](mailto:kdegrazia@saintandrew-ic.org)

