

# Saints Philip & James Church

107 N. SHIP ROAD, EXTON, PENNSYLVANIA 19341-2810  
(610) 363-6536 • FAX (610) 524-7359

## Medical Liability Release

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
First Initial Last

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Emergency Telephone Numbers: Phone numbers where our Group Leader can reach a parent or an emergency contact for the child name above during scheduled events.

Parent/Legal Guardian: Cell \_\_\_\_\_ Work: \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Insurance Carrier:

Parent/Guardian's Insurance Group Name: \_\_\_\_\_

Insurance Group Name: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Allergies, conditions, dietary restrictions, special needs, medical concerns of which we should be aware:

Food: \_\_\_\_\_

Drug: \_\_\_\_\_

Animal: \_\_\_\_\_

Other: \_\_\_\_\_

My child requires the following medicine (list frequency)

My child can take the following medicines if they request:

\_\_\_\_\_ Tylenol/Ibuprofen \_\_\_\_\_ Midol \_\_\_\_\_ Pepcid/Stomach Medicine

In the case of medical emergency I understand that, in the event medical treatment is required, every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services of a licensed physician to provide the care necessary, including hospitalization, anesthesia, injection, or surgery for my child's well being. I hereby agree to indemnify and hold harmless SS Philip and James Parish and its officers, employees, and volunteer staff from any liability.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_