

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 _____