

MEDICAL & RELEASE FORM

To: The Elders and Deacons
St. Giles Presbyterian Church
2027 Emerywood Drive
Charlotte, NC 28210

Dear Sirs:

This is to certify that I am familiar with St. Giles Presbyterian Church and its general activities and do hereby agree to hold the church harmless in the event of any injuries sustained in individual or corporate activities, on and off the property at 2027 Emerywood Drive; including field trips and retreats.

I hereby release St. Giles Presbyterian Church from any claims and demands that may occur during participation in church activities.

In the event of an accident or illness that requires medical treatment while participating in this activity, I understand every effort will be made to contact me or other family members. In the event we cannot be reached, I hereby grant permission to the adult leadership to act in our behalf in seeking emergency treatment for our child/children listed below. I absolve the church involved from liability so long as they are not grossly negligent.

This release form will be valid for the following children until December 31, 2010.

Children: _____

Name of Parent or Guardian Date Signature of Parent or Guardian

Home Phone: _____ Work Phone: _____
Cell Phone 1: _____ Cell Phone 2: _____

Insurance Information:
Health Insurance Provider: _____
Insurance Provider Phone Number: _____
Employee Name: _____ Policy Number: _____
Other Information: _____

	(1)	(2)	(3)
Child Name	_____	_____	_____
Allergies	_____ _____ _____	_____ _____ _____	_____ _____ _____
Medications	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____