

**West End Presbyterian Church, Richmond, VA**  
**MEDICAL RELEASE AND CONSENT FORM FOR**  
**YOUTH MINISTRY EVENTS**

We (I), the undersigned parent(s)/ guardian(s) of \_\_\_\_\_, give our (my) permission and consent for our (my) child, named below, to participate in the activities/events of the Youth Ministry of West End Presbyterian Church, Richmond, VA (9008 Quioccasin Rd., Richmond, VA 23229, 741-6562). We (I) also give our (my) permission and consent for the staff members, sponsors, and counselors in charge to obtain any necessary medical attention in case of sickness, injury, or emergency for our (my) child. We (I), the undersigned, do hereby release, hold harmless, and forever discharge all staff members, sponsors, and counselors of West End Presbyterian Church, Richmond, as well as the church itself and its trustees, elders and deacons, from any and all claims, demands, actions or causes of action, past, present, and future, arising out of any damage, illness, or injury while participating in this or any activity/event.

Full Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Date of Form's completion: \_\_\_\_\_

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**MEDICAL/ INSURANCE INFORMATION**

Family Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Drug Allergies or Allergic Reactions: \_\_\_\_\_

Last Tetanus Booster (Give approximate date): \_\_\_\_\_

Routine or Current Medications: \_\_\_\_\_

Significant Medical Problems: \_\_\_\_\_

Religion: \_\_\_\_\_

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

Subscriber Name: \_\_\_\_\_

Subscriber #: \_\_\_\_\_ Group #: \_\_\_\_\_

Member #: \_\_\_\_\_ Group Name: \_\_\_\_\_

Name of Parent(s) or Guardian(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_

Employer Phone: ( ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone Numbers: Home: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_

We (I) agree that all of the above information is accurate and up to date. We (I) also agree that this agreement between the below signed and West End Presbyterian Church, Richmond, VA, will be effective from June 10, \_\_\_\_\_ until August 31, \_\_\_\_\_.

Present school year

Final year of Middle or High School

Signature of parent(s) or guardian(s): \_\_\_\_\_

Print name here: \_\_\_\_\_

\_\_\_\_\_

Print name here: \_\_\_\_\_

Notary name: \_\_\_\_\_

Notary signature: \_\_\_\_\_

Notary block: