

# St. Paul's Presbyterian Church

## Activity Program Waiver and Medical Release

Family Name: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

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**Does the child have any allergies or other medical condition that leaders should be aware of?**

Please list name of child and a description of the condition below:

\_\_\_\_\_  
\_\_\_\_\_

Name of  
Parents/Guardians \_\_\_\_\_ (Cell) \_\_\_\_\_

\_\_\_\_\_ (Cell) \_\_\_\_\_

Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Contact Email \_\_\_\_\_ Home Phone \_\_\_\_\_

*All reasonable precautions for the safety of your child will be taken. He/she will be properly supervised in activities. In the event of accident or sickness, St. Paul's Presbyterian Church (SPPC), its staff and volunteers are released from any liability.*

*In the event of injury requiring medical attention, I authorize treatment for my child and understand that reasonable attempts will be made to contact me (or my emergency contact) should such a situation occur.*

*St. Paul's Presbyterian Church may, during any of its programs, take photographs and/or video recording for informational and promotional material. Photographs, if part of a special event, maybe posted to SPPC's website including our Facebook page. Protection of your child's identity is important to us and no names shall be published.*

**Contact person in case of an emergency when parents/guardians/caregivers cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

Date Signed \_\_\_\_\_