

FIRST PRESBYTERIAN CHURCH - ENID, OK

Youth Registration Information

Name: _____ Age _____ Grade _____

Address: _____ City: _____ Phone: _____

Email Address: _____

Permission and Emergency Medical Form

I (We) the undersigned parent, parents, or legal guardian of _____, a minor, do hereby request that he/she be permitted to attend the field trip to _____ on date(s) _____ and should the need arise, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licenced under the provisions of the Medicine Provisions Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgement may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatments will not be withheld if the undersigned cannot be reached. I will not hold liable the First Presbyterian Church, its officers, or leaders for medical aid rendered and will reimburse the First Presbyterian Church for medical or other expenses incurred in the care of my child.

Physician or Practitioner _____ Phone _____

Is the child on medication? No _____ Yes _____ Specify _____ Dosage _____

Date of last Tetanus Shot _____ Allergic to: _____

Restricted activites/food are : _____

Parent's Phone _____ Signature _____ Date _____

Emergency Contact _____ Relationship _____ Phone _____