

Parent/Guardian Medical Treatment & Liability Release Form Westminster Presbyterian Church

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the person(s) listed on this form. In the event I cannot be reached in an emergency during the activity dates of this trip/event, I hereby give my permission to the physician or dentist selected by designated trip leaders to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as my coverage in the event medical intervention is needed.

I understand all reasonable safety precautions will be taken at all times by the Evangelical Presbyterian Church and its church leaders during the events, activities and work projects.

I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Westminster Presbyterian Church, its church leaders, employees or volunteer staff members liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Name & Dates of Event/Trip

Name of Student Attending Trip

Parent/Guardian Signature	Date
---------------------------	------

Other Parent Signature (if holding joint custody)	Date
---	------

Signature of Student (if over 18 years of age)