

DPC EVENT HEALTH FORM AND PERMISSION SLIP

NAME _____ BIRTH DATE ____ AGE ____ SEX ____
(Last) (First) (I.)

SOCIAL SECURITY NUMBER _____

EVENT ATTENDING _____ GRADE _____

HOME ADDRESS _____
(Street & Number) (City) (State) (Zip)

PARENT OR GUARDIAN _____

HOME PHONE _____ WORK NUMBER(S) _____

IF NOT AVAILABLE IN AN EMERGENCY - NOTIFY

NAME _____ PHONE _____

(Street & Number) (City) (State) (Zip)

HEALTH HISTORY: (Check if appropriate)

<u>Allergies</u>	<u>Special Conditions</u>	<u>Current Medications</u> <small>(presc. & non-presc.)</small>
___ Hay Fever	___ Diabetes	Contact lenses: yes no (circle one)
___ Insect Stings	___ Seizures	_____
___ Penicillin	___ Heart Disease	_____
___ Other Drugs	___ Other	_____

Recent surgery or serious injuries: (Dates) _____

Any specific activities to be restricted? _____

Last medical examination date: _____

Other special comments from parents or guardians: _____

On DPC-sponsored youth events, there will be no possession or use of alcohol, drugs, or tobacco. No students are permitted to drive. No fighting, weapons, fireworks, lighters, or explosives. No offensive or immodest clothing. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected. Respect property. Respect one another, staff, and adult leaders. Respect and comply with event schedules. We expect each student to conform to these rules of conduct. **Students who fail to comply with these expectations will be sent home at their parents' expense.**

In consideration of my child's participation in events sponsored by Doylestown Presbyterian Church, I hereby agree to release and hold harmless Doylestown Presbyterian Church, its officers, sponsors, or advisors, and Presbytery of Philadelphia from any and all liability including third party claims in connection with my child's participation.

Furthermore, I acknowledge and accept that Doylestown Presbyterian Church assumes no liability or responsibility for loss or damage to any personal property.

Also I, who by law may do so, authorize the administration of emergency medical treatment to s/he who is subject to this form. I understand all reasonable safety precautions will be taken at all times by Doylestown Presbyterian Church or its agents liable for any accident, injury, or disease incurred by the subject of this form. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) above immediately.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

SIGNATURE OF YOUTH _____

INSURANCE COMPANY NAME _____

POLICY NUMBER(S) _____