

# June 1, 2011- Aug. 31, 2012

## Pine Shores Presbyterian Church

6135 Beechwood Ave. Sarasota, FL 34231 (941) 922 - 1597

### CONSENT AND RELEASE FROM LIABILITY

\_\_\_\_\_ has my permission to participate in all activities of the Pine Shores Presbyterian Church and to be transported by Church bus or private car when necessary. I understand all events will have adult supervision. In consideration of the benefits to be derived from these activities, I hereby voluntarily waive any claim against the Pine Shores Presbyterian Church, the sponsors, and the owner/or driver of the car or bus furnishing transportation to any event. I further agree to direct my son/daughter to conform to the fullest with the directions and instructions of the sponsors in charge. This consent and release is in effect until I give the Pine Shores Presbyterian Church written notice to the contrary.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ email: \_\_\_\_\_

### LIMITED POWER OF ATTORNEY FOR EMERGENCY MEDICAL CARE AUTHORIZATION

#### TO WHOM IT MAY CONCERN:

This is to certify that the bearer of this letter has the permission of the undersigned to authorize necessary emergency medical care by the attending physician, or others he/she may choose, in case of accidental injury, ingestion or illness during any sponsored activity of Pine Shores Presbyterian Church. This permit is in effect until I give Pine Shores Presbyterian Church written notice to the contrary. At this point, all attempts to reach me/us have failed. The undersigned accepts all financial responsibility for necessary treatment and services. I hereby authorize emergency medical care or first-aid treatment as needed for \_\_\_\_\_.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Insurance company's emergency phone: \_\_\_\_\_

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

### EMERGENCY INFORMATION

|          | Parents/Guardians | Nearest Relative | Neighbor |
|----------|-------------------|------------------|----------|
| Name     |                   |                  |          |
| Address  |                   |                  |          |
| Phone #s |                   |                  |          |

Please print (use the back of the form if necessary)

Has he/she had any surgery or serious illness within the last 3 years? \_\_\_yes \_\_\_no. If yes, explain:  
 Is he/she required to take any medication? \_\_\_yes \_\_\_no. If so, for what reason and how often?  
 Does he/she have any allergies or allergic reaction to any medication? \_\_\_yes \_\_\_no. If yes, explain.  
 Is he/she presently under a doctor's care? \_\_\_yes \_\_\_no. If yes, explain.  
 Any other information leaders should know

## NOTARY SIGNATURE AND STAMP

This instrument was acknowledged before me on \_\_\_\_\_ (date) who is known to me and/or showed proof and who did not take an oath.

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*Notary Public*

This form covers all Pines Shores Presbyterian Youth meetings, activities and events from June 1, 2011 through August 31, 2012.