

CPC Release Form

Child's Name _____ Goes by _____

Address _____

Phone Number _____ Youth's Cell _____

Youth's Email Address _____

Church Membership _____ Birth date _____

School _____ Grade in Fall 2014 _____

Parent Name(s) _____ Parent(s) Cell Number _____

Parents Email Address (where you can be contacted with announcements) _____

Central Presbyterian Church, Anderson SC Medical Form & Authorization for Church Transportation

For and in consideration of Central Presbyterian Church, Anderson SC taking my child to church related activities they are registered for, I, the undersigned parent/guardian do discharge Central Presbyterian Church from any and all liability for injury sustained by said child while attending or being transported. I understand that the vehicles will be driven by a staff or chaperone who has taken the appropriate tests and been approved to drive the vehicle.

Further, I hereby authorize the Co-Directors of Christian Education (Amy Rawlings and/or Carrie Pannell) and advisors/chaperones to provide _____ (participant) born on ___/___/___ at my expense, medical treatment and attention for illness or injury.

Parent Signature _____ Date _____

Information needed for emergencies

Parent/Guardian Name: _____ Relation to Child: _____

Address: _____

Phone: home _____ work _____ cell _____

Other Contact: _____ Number _____ Relation to Child _____

Child's Medical Doctor _____ Allergies _____

Additional information (med. problems, medication, activity restriction, etc): _____

Insurance Name _____ Insurance Address _____

Name of Policy Holder _____ Policy # _____