

Adult Leadership Medical and Liability Release Form 2021 - 22

*White Memorial Presbyterian Church Youth Ministry
1704 Oberlin Road, Raleigh, North Carolina 27608*

Name

WMPC Member?

*Yes**No*

This form gives group leaders authorization to secure medical aid for you should it be necessary during an event.

I hereby authorize any hospital, clinic, physician; doctor, nurse, or technician to furnish me, named above, any medical care and treatment necessary as a result of injuries sustained or other emergency medical care treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize representatives of White Memorial Presbyterian Church to retain or acquire said medical care and treatment in my behalf if I am unable to communicate the request at such time. I agree not to hold such person responsible for any damages arising from the giving of such consent.

By signing below, I am also affirming that I have read the *Photo Release* of WMPC and agree to all that is listed therein.

Name (signed)

Date

Name (printed)

Contact Information

Address

City

State

Zip Code

Home Telephone Number

Cell Phone Number

Email Address

Medical Insurance

Are you covered by medical / hospitalization insurance? _____
(If yes, the following information is required)

Insurance Company Name

Insurance Company Phone

Insurance Company Address

Group and Policy Number

Policy Holder's Name

Emergency Contact Information	
Name	Phone
Name	Phone
Allergies (please list)	
Safe Sanctuary	
<p>By initialing below, I understand that I must read the Safe Sanctuary policy and submit a completed Affirmation form prior to providing leadership for any White Memorial Presbyterian Church Youth Ministry trip or event.</p> <p style="text-align: right;">_____ (initial here)</p>	