

Adult Leadership Medical and Liability Release Form 2019 - 20

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

Name	WMPC Member? <i>Yes or No</i>
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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
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Name (printed)

Contact Information

Address

City	State	Zip Code
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Home Telephone Number	Cell Phone Number
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Email Address

Medical Insurance

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