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THIS FORM MUST BE NOTARIZED!

MEDICAL AND LIABILITY RELEASE FORM Valid one year from MO _____/YR _____

Name _____ Phone _____ Age _____
Address _____ City _____ State _____ Zip _____
In Case of Emergency call _____ Phone _____
Doctor _____ Phone _____

If parent/guardian is not available, please call the person below:

Name _____ Relationship _____ Phone _____
Address _____ City _____ State _____ Zip _____

HEALTH HISTORY

ALLERGIES:

_____ Insect Stings
_____ Drugs
_____ Other

OTHER CONDITIONS:

_____ Epilepsy
_____ Frequent Upset Stomach
_____ Frequent Colds
_____ Physical Handicap
_____ Heart Condition
_____ Chronic Asthma
_____ Diabetes

If you checked any of the above, please give details below (i.e. include normal treatment of allergic reactions).

Date of last tetanus shot: _____

Name/dosage of medications that must be taken:

Any swimming restrictions: _____ Any activity restrictions _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have insurance? Yes No

Insurance Carrier: _____

Policy Holder's Name: _____

Policy Number: _____

Insurer's Address: _____

***Please attach a copy of your insurance card.**

MEDICAL AND LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related activities. They also agree not to hold this church or its employees or volunteer leaders liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Signature of Parent/Guardian _____ Date: _____

Signature of the Notary Public _____ Date: _____

YOUTH BEHAVIOR AGREEMENT

While attending all church related functions, I _____, will represent myself, my family, and my church with good behavior following all guidelines in the Covenant of Conduct. If I fail to do so, I understand that my parent/guardian will be notified and possibly asked to remove me from the group until I am better able to control my behavior. I want my youth group to be a fun, exciting and safe place to meet with friends, and I will do my best to help everyone enjoy our group.

Signature of the Youth _____ Date: _____

Signature of the Parent/Guardian _____ Date: _____

Photography Permission

I give my permission to use photo/video images in church publications and church internet sites. Yes No

Signature of the Parent/Guardian _____ Date _____