

**M.I.R.O.L.A.C.**

(Medical Information, Release of Liability and Consent Form)

*If you don't have it, you can't go!*

First Presbyterian Church, August 2018-July 2019

Student's Legal Name \_\_\_\_\_ Gender \_\_\_\_\_

Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Student Cell Phone \_\_\_\_\_ Parent Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Hm. Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Wk. Phone \_\_\_\_\_

**PERSONS TO CONTACT IF PARENT/GUARDIAN CAN NOT BE REACHED:**

1. \_\_\_\_\_ Phone \_\_\_\_\_

2. \_\_\_\_\_ Phone \_\_\_\_\_

**CHECK THE FOLLOWING TO WHICH YOUR CHILD MAY BE SENSITIVE AND LIST:**

Asthma \_\_\_\_\_ Bee Stings \_\_\_\_\_

Food \_\_\_\_\_ Insect Bites \_\_\_\_\_

Other Allergies \_\_\_\_\_ Poison Ivy, etc. \_\_\_\_\_

Drug Allergies \_\_\_\_\_

**PLEASE LIST ANY OTHER SPECIAL INFORMATION FOR OUR AWARENESS** (i.e. diabetes, epilepsy): \_\_\_\_\_

**PLEASE LIST ANY MEDICATIONS YOUR CHILD TAKES:**

Kind of Medication(s) \_\_\_\_\_

Reasons for Medication(s) \_\_\_\_\_

Date(s), time(s), dosage \_\_\_\_\_ Prescribing Physician \_\_\_\_\_

**PHOTO/VIDEO CONSENT:** First Presbyterian Church of Douglasville, GA may use child's name, photos, and videos in promotional materials regarding the ministries of First Presbyterian Church.

If you **DO NOT** agree with the above photo/video consent, please **opt-out** by checking here.

**MEDICAL TREATMENT RELEASE & PHOTO CONSENT:**

In the event of a medical emergency, if you are unable to reach me (parent/guardian) in cases of injuries, accidents, or illness, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the event leader (for First Presbyterian Church). I also release **First Presbyterian Church** of Douglasville, GA, its staff, and its volunteers of liability in the case of accidents or injuries incurred to: \_\_\_\_\_, while attending Student Ministry activities from August 2018-July 2019. By signing below, I also agree that First Presbyterian Church of Douglasville, GA may use my child's name, photos, and videos in promotional materials regarding the ministries of First Presbyterian Church, *unless I have opted-out of Photo/Video Consent above.*

\_\_\_\_\_  
(Signature Parent/Guardian)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Signature of student (if 18 or older)

\_\_\_\_\_  
(date)

Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

Pharmacy card info (if applicable) \_\_\_\_\_

Family Physician (Address & Phone #) \_\_\_\_\_