

**First Presbyterian Church of Lynchburg, VA
Family Insurance Information & Liability Release Form**

PARENT/GUARDIAN NAME: _____ CELL: _____

PARENT/GUARDIAN EMAIL: _____

PARENT/GUARDIAN NAME: _____ CELL: _____

PARENT/GUARDIAN EMAIL: _____

PRIMARY STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SECONDARY ADDRESS IF APPLICABLE: _____

CITY: _____ STATE: _____ ZIP: _____

****Please provide at least one emergency contact that is not a Parent/Guardian. ****

EMERGENCY CONTACT 1: _____ **RELATIONSHIP:** _____

PHONE (H): _____ (C): _____

ADDRESS (IF DIFFERENT): _____

EMAIL: _____ EMPLOYER: _____

EMERGENCY CONTACT 2: _____ **RELATIONSHIP:** _____

PHONE (H): _____ (C): _____

ADDRESS (IF DIFFERENT): _____

EMAIL: _____ EMPLOYER: _____

INSURANCE INFORMATION:

POLICY HOLDER'S NAME: _____ RELATIONSHIP: _____

INSURANCE COMPANY'S NAME: _____

ID#: _____ GRP#: _____

INSURANCE COMPANY STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

****Please turn over to complete this form****



WAIVER OF RELEASE/LIABILITY

I, the parent and/or legal guardian of the minor(s) as named below, do hereby release First Presbyterian Church of Lynchburg, VA and its agents from all claims which the undersigned and/or my child may have arising out of any church-related activities, except for the result of intentional harm. In the event I cannot be reached or communicate, I give permission to the physician selected by the listed emergency contact or the present FPC adult staff member or volunteer to hospitalize, secure proper treatment for, and to order injection(s), anesthesia, or surgery for he/she/them as named above. I further authorize the present FPC adult staff member or volunteer to provide routine medical care for my child as named above.

PARENT/GUARDIAN PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN PRINTED NAME: _____

SIGNATURE: _____ **DATE:** _____

*****Please list the name of all dependent children and/or youth below for full coverage of statement above.*****

CHILD/YOUTH FULL NAME: _____

CHILD/YOUTH FULL NAME: _____

CHILD/YOUTH FULL NAME: _____

CHILD/YOUTH FULL NAME: _____

CHILD/YOUTH FULL NAME: _____

CHILD/YOUTH FULL NAME: _____