

**First Presbyterian Church of Lynchburg, VA
Individual Medical Information & Media Release Form**

GENERAL INFORMATION:

CHILD'S/YOUTH'S (C/Y) LAST NAME: _____ **FIRST:** _____

MIDDLE: _____ **NICKNAME:** _____

BIRTHDATE (xx/xx/xxxx): _____ **2017-18 GRADE:** _____ **SCHOOL:** _____ **GENDER:** _____

C/Y CELL: _____ **C/Y EMAIL:** _____

MEDICAL INFORMATION: (PLEASE CONTINUE ON BOTTOM OF PAGE IF NECESSARY)

1. DOES THE C/Y HAVE ANY ALLERGIES TO MEDICATIONS, FOODS, OR OTHER SUBSTANCES? IF SO, PLEASE DESCRIBE.

2. DOES THIS C/YO TAKE ANY MEDICATIONS REGULARLY? IF SO, PLEASE DESCRIBE.

3. ARE THERE ANY MEDICAL CONDITIONS OF WHICH THE LEADERSHIP SHOULD BE AWARE? IF SO, HOW DO/MAY THEY AFFECT THE CHILD'S/YOUTH'S PARTICIPATION IN ACTIVITIES OR CAPABILITIES?

4. CAN IBUPROFEN, TYLENOL, ALIEVE, BENADRYL, AND/OR ANY GENERIC VERSIONS OF THESE MEDICATIONS THAT CAN BE OBTAINED OVER-THE-COUNTER BE ADMINISTERED TO YOUR C/Y IF NEEDED WHILE UNDER THE CARE OF FIRST PRESBYTERIAN CHURCH'S STAFF AND/OR VOLUNTEERS? ("YES" OR "NO" IS SUFFICIENT. PLEASE SPECIFY AS NEEDED.)

MEDIA RELEASE: DO YOU GIVE PERMISSION FOR THE USE OF PHOTOGRAPHY AND/OR VIDEO INCLUDING YOUR CHILD/YOUTH TO BE USED BY FIRST PRESBYTERIAN CHURCH FOR PROMOTION, REPORTS, AND/OR ADVERTISEMENT PURPOSES?

YES

NO

INITIAL: _____

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Use this space below to provide any additional information covering items from above, identifying to which item the additional information pertains.