ROCKY RIVER PRESBYTERIAN CHURCH <u>HEALTH RELEASE FORM</u>

CHILD'S NAME: IN CASE OF EMERGENCY NOTIFY: PARENT OR GUARDIAN	
2. NAME:	PHONE:
IF PARENT CANNOT BE REACHED NO	TIFY:
1. NAME:	PHONE:
2. NAME:	PHONE:
	or facts concerning the child's medical history about which we or a allergies, allergies to medication such as penicillin, unusual reactions to l impairments, etc.
CHILD'S PHYSICIAN: PHYSICIAN'S NAME:	
Rocky River Presbyterian Church. An addit attempts to contact me have been unsuccess Presbyterian Church, and its volunteers, emp including transport to a local hospital, and for necessary. This authorization does not cove	ned above in the activities or programs sponsored or organized by the ional permission slip is required for each off-site event. If reasonable ful in an emergency, I hereby give permission to the Rocky River ployees and representatives to secure necessary emergency treatment, or any licensed physician or dentist to administer any treatment considered r major surgery unless the medical opinions of two licensed physicians or surgery, are obtained prior to the performance of such surgery.
DATE: PARTICIPANT WAIVER OF LIABILITY	SIGNATURE: Parent or Guardian (Please circle one)
or programs sponsored by the Rocky River I and all actions, causes of action and claims f of, or in any way related to, their participation release is intended to, and does, discharge in agents, volunteers, servants and employees f	erson or persons indicated above to enroll in and participate in activities Presbyterian Church I hereby voluntarily release, discharge and relinquish or personal injury or property damage of or to the participant arising out on in such activity or program. I represent that I understand that this advance the Rocky River Presbyterian Church, any and all of its officers, from any and all liability, actions and causes of action even though that urelessness of the Church or its officers, agents, volunteers, servants and SIGNATURE:

Parent or Guardian (Please circle one)