

FIRST PRESBYTERIAN CHURCH YOUTH MINISTRY

S.M.E.R.F. (STUDENT MEDICAL EMERGENCY RELEASE FORM)

STUDENT NAME _____ PHONE _____ EMAIL _____

Address _____

street

city

state

zip

Male ___ Female ___ Grade ___ School _____ Birth date ____/____/____

INSURANCE CO. _____ INSURANCE #: _____

Student is allergic to the following drugs; if none, so state _____

Student has the following medical condition; if none, so state _____

Other information about student that may be helpful for our staff to be aware of _____

MEDICAL RELEASE: In case of emergency I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of the First Presbyterian Church of Greeley the permission to act in my behalf to seek emergency medical treatment for my child in the event that such treatment is deemed necessary by him/her. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances; and hereby absolve First Presbyterian Church of Greeley, its agents and employees, from any and all liability resulting from their performance with these instructions.

Signature of parent or legal guardian

Phone Number(s)

Date Signed

Emergency Contact Person and Phone Number(s)