

2025-2026 Westminster Presbyterian Church Emergency Medical Release Form

Child's Name _____ Date of Birth _____
Last First M.I. Grade

Parent's/Guardian's Name Phone #

Doctor's Name Phone #

Health Insurance Co. Policy #

Name of Subscriber Subscriber's D.O.B

Allergies, medical conditions, or behavioral tendencies it would be helpful for us to know:

History of physical or medical issues:

**Our staff & volunteers are not permitted to give any medications to minors. However, If your child needs regularly prescribed medications during the time they will be under our care, Westminster requires explicit written consent from a parent/guardian, and such prescribed or over the counter medication must be in its original container. Please make children or youth ministry staff aware of such need.*

WE, the parents/legal guardians of _____, do hereby authorize the performance upon our child, by any physician licensed to practice medicine, any emergency procedure the physician deems necessary to save the life, limb, or continued good health of our child.

Any emergency surgical procedure is to have the unreserved consensus of not less than two (2) licensed physicians. This document is in no way intended for or to be construed as authorization for the performance of investigational procedures or treatments.

We, the parents/legal guardians, take full responsibility for any emergency procedure or treatment performed. This document is valid only after any unsuccessful attempt is made to locate the parents or legal guardians of the child noted hereon.

Print Name (Parent/Legal Guardian)

Signature (Parent/Legal Guardian)

Date



Westminster Presbyterian Church

10 W. Pleasant Grove Rd. • West Chester, PA 19382
610.399.33377 • westminsterpc.org • info@westminsterpc.org

Westminster Presbyterian Church

Parent Consent Form

I give my consent to Westminster Presbyterian Church to:

Yes No

- Administer first aid procedures in the case of a minor accident
- Transport my child to the nearest hospital in event of a major accident
- Notify & release my child to the individuals noted below in event of a medical emergency.

Person(s) to Notify in an Emergency if parent(s) cannot be reached:

Name

Relationship to Child

Phone

I _____ (print name) hereby give permission for my child to participate in Westminster Presbyterian Church, West Chester, PA Children's Ministry or Youth Ministry Activities (including Music Ministry activities) from to August, 2025 to August, 2026 and release Westminster Presbyterian Church, the children's ministry leadership, and youth ministry leadership in West Chester, PA from any and all liability to me or my child as a result of his/her participation. Also, I understand that Westminster Presbyterian Church or the children's and/or youth ministry leadership does not assume any responsibility for loss of, or damage to, personal property of participant.

I also acknowledge that by signing this form I grant permission to the children's ministry and/or youth ministry leadership & staff to take photos and video for promotional and ministry related purposes only, e.g. website, Facebook, flyers, etc. I understand that children's names will not be used in association with their images.

Signature (Parent/Guardian)

Date

Parent 1's Email

Parent 2's Email

YOUTH ONLY (GRADE 6-12): I understand that because of the nature of certain events, there may be times where my child will not be directly supervised by an adult. I agree

AFTER COMPLETING THE FORM PLEASE EMAIL TO RELEVANT STAFF MEMBER:

Jill Reichert for Children & Family Ministries: jreichert@westminsterpc.org

Chris Clark for Youth & College Ministries: cclark@westminsterpc.org

Kirsten Santos Rutschman for Music Ministries: krutschman@westminsterpc.org



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