

Sunnyvale Presbyterian Church * 728 W. Fremont Ave.
Sunnyvale, CA 94087 * 408-739-1892 * fax 408-739-3491

Adult Advisor Emergency Form

Name _____ Birth date _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Facebook _____

Best way to contact you _____

Whom to contact in an emergency: (relation to you)

Name/Phone Number: _____

Liability Waiver

NOTE: Please complete and sign only if you do not have medical insurance.

I _____ do not have medical insurance.

I understand that by attending any youth events that the Sunnyvale Presbyterian Church and the San Jose Presbytery will not be responsible for any emergency medical expenses incurred.

I also understand that the Sunnyvale Presbyterian Church and San Jose Presbytery will not be held liable for my actions that might involve a law suit.

Signature _____

Date _____

Please complete both sides of this form

Date & Initial if no changes: _____

MEDICAL INFORMATION AND RELEASE

Doctor's Name _____ Phone () _____

Insurance Co. _____ Policy # _____

I designate the adult leaders for Sunnyvale Presbyterian Church with the authority to act on my behalf and order appropriate treatment. In the unlikely event of an emergency, I give my permission for to be treated by an accredited physician in an approved emergency clinic or hospital. I further release from any liability the San Jose Presbytery, the Sunnyvale Presbyterian Church and its officers and approved emergency clinic leadership in the event of any accident en route during and returning from these events.

Signature

(Date signed)

Please include photocopy of your:
Medical insurance card
Prescription Card (if applicable)
Photo I.D.

List All Allergies:

List All Medications (Prescribed & OTC) and reason for medication:

List any Surgeries:

Are there any physical limitations/health history that would affect the ability to participate as a Youth Advisor:

