

Medical Release Form
First Presbyterian Church
520 Royal Palm Blvd. Vero Beach, Fl. 32960

*I undersigned parent or guardian of _____,
A minor, do hereby authorize adult volunteers of First
Presbyterian Church of Vero Beach as agents for the
undersigned, to consent to any medical or surgical care deemed
advisable by an accredited physician or surgeon, in an approved
emergency clinic or hospital. I further release from any liability,
First Presbyterian Church, any of its ministries or leaders, in the
event of an accident en route, during and returning from the
above mentioned event.*

Child's Name _____ Age ____ DOB ____

Date Signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____

Emergency Phone _____ Cell _____

Health Insurance _____

Policy or Group Number _____

Doctor's Name _____ Phone _____