

## Medical Release Form

MOPS – Sponsored by Presbyterian Church of the Master and Village Presbyterian Church  
26051 Marguerite Parkway, Mission Viejo, CA 92692

**Effective dates: September 2014 through June 2015**

Please print in ink

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Sex: M F

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## Parent/Guardian Information

Name: \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Wk/Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Wk/Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Last 4 digits of Soc. Sec. # \_\_\_\_\_

Please list and explain any major illnesses the child experienced during the last year, or should child's activities be restricted for any reason?

Child's Name & Conditions: \_\_\_\_\_

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I request that my child be permitted to attend the MOPPETS program provided in partnership by Presbyterian Church of the Master (PCOM) and Village Presbyterian. He/She is in good physical condition. Should any illness or accident occur to him/her, I will not hold PCOM of Mission Viejo or Village of Ladera Ranch, their officers, or leaders liable for medical aid rendered and will reimburse PCOM or Village for medical or other expenses incurred in the care of my child. My child may receive necessary first aid. My child may receive medical attention by a licensed physician. My child may be admitted to a hospital in case of an emergency. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective until June 2015.

It is required that children's parent/guardian remain on campus during the time a child is in our care.

Signature \_\_\_\_\_ Date: \_\_\_\_\_

