

**Second Presbyterian Church**

**Children's Circle**

*An Early Childhood Weekday Ministry*

7700 North Meridian Street

Indianapolis, Indiana 46260

Children's Circle: (317) 252-5517

Second Presbyterian: (317) 253-6461

**EMERGENCY MEDICAL RELEASE  
FOR ALL CHILDREN CIRCLE ACTIVITIES**

Name of Participant: \_\_\_\_\_

School Year \_\_\_\_\_

**In case of medical emergency, I hereby give my permission to permit my son/daughter to be transported in private or public vehicles to the nearest hospital. Parents are responsible for medical expenses incurred.**

\_\_\_\_\_  
Parent, Guardian Signature

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Group Policy Name

\_\_\_\_\_  
Group Policy Number

**This procedure will be followed only under necessary circumstances. Normal procedure would be to contact parents or guardian immediately before anything was done other than emergency treatment.**

\* \* \* \* \*

**In return for the acceptance of my application and participation, I \_\_\_\_\_  
Participant**

**do for myself, my heirs and personal representatives of my estate, release SECOND PRESBYTERIAN CHURCH, its agents and successors, from any and all claims for damages which I may have now or in the future as a result of my participation in any CHURCH activity. In doing so, I agree to assume all risks of loss as may reasonably be expected to arise in connection with my participation in any CHURCH activity.**

**Should any part of this release be found invalid or unenforceable, the remaining provisions shall remain valid and enforceable.**

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

\_\_\_\_\_  
Participant's Signature if 18 or older

**As parent or legal guardian of the participant, I also hereby agree to release, and indemnify and hold harmless SECOND CHURCH for any claims which may be brought by us or by the participant against SECOND CHURCH as described below.**

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

\_\_\_\_\_  
Parent's/Guardian's Signature\*

**Parents' signatures required if participant is still supported by parents and/or living at home.  
THIS FORM MUST BE COMPLETED IN FULL AND RETURNED BY FIRST DAY OF SCHOOL**