

**MEDICAL RELEASE INFORMATION**  
**(to be completed by a parent or legal guardian)**

The undersigned parent or legal guardian hereby gives permission for:

\_\_\_\_\_ to participate in the \_\_\_\_\_ sponsored by the First Evangelical Presbyterian Church Youth Department on \_\_\_\_\_. The undersigned affirms that the above named minor has no health problem(s) which would preclude their participation in these activities.

Further, the undersigned expressly agrees to hold harmless First Evangelical Presbyterian Church, its employees and agents, for any injury to the minor or damage to their personal property which may be incurred by or as a result of their participation.

In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event that I cannot be reached through reasonable efforts, I hereby give my permission to the physician selected by the leader in charge to secure proper treatment or to hospitalize, to order injections, anesthesia or surgery for my child.

\_\_\_\_\_  
Parent/Legal Guardian Signature Date

\_\_\_\_\_  
Print Name of Parent/Legal Guardian

\_\_\_\_\_  
Emergency Telephone Number

RSVP/Questions? Contact Brandon Huffman at:  
**First Evangelical Presbyterian Church**  
19800 108th Avenue Southeast Renton, Washington 98055  
Telephone: (253) 859-3247  
bhuffman@fepec.org

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