**S.M.E.R.F. (Student Medical Emergency Release Form)**
**FIRST PRESBYTERIAN CHURCH, 219 E. Bijou, Colorado Springs, CO 80903**

For any organized activity away from the church we require a permission slip which will allow us to obtain medical care for your student in the event we cannot contact you. NO student will be allowed to attend activities away from the church without a completed form.

**NAME OF EVENT** _____

**Date** _____

**NAME** _____ **Phone** _____

**Address** _____ **Zip** _____

**Male** ❑ **Female** ❑ **Grade** ___ **School** _____ **Birthdate** ___ ___ ___

**MEDICAL RELEASE:** In case of emergency I understand that a reasonable effort will be made to contact me. If I cannot be reached, I hereby give an agent of the First Presbyterian Church the permission to act in my behalf to seek emergency medical treatment for my child in the event that such treatment is deemed necessary by him. I give permission to any licensed physician selected by this agent to administer such emergency treatment as said physician in his/her judgment deems necessary in the circumstances; and hereby absolve First Presbyterian Church, its agents and employees from any and all liability resulting from their conformance with these instructions.

_____ _____

Signature of parent or guardian | Who to call in emergency, if I'm not available

Student is allergic to the following drugs; if none, so state _____

Student has the following medical condition; if none, so state _____

**FORM NO. 60**