

First Presbyterian Church
Wichita Falls, Texas
2021-2022 School Year



M.I.R.O.L.A.C.
(Medical Information Release of Liability and Consent)
If you don't get it in, you can't go!

Student's Name: _____ Birthday: _____

Address: _____
Street City State Zip Code

Allergies: _____

Additional Medical Information: _____

Parent/Guardian Information:

Father's Name: _____ Phone Number: (____) _____

Mother's Name: _____ Phone Number: (____) _____

I, _____, the parent or guardian of _____ give my permission to the adult leadership of First Presbyterian Church to authorize emergency medical treatment for my child if the need arises. I understand that every effort will be made to contact me.

Signature of Parent or Guardian

Date

Any Additional Emergency Contact Information:

Name: _____ Phone Number: (____) _____ Relationship: _____

Name: _____ Phone Number: (____) _____ Relationship: _____

Waiver of Responsibility

I, _____, the parent or guardian of _____, give my permission for him/her to participate and travel with the First Presbyterian Church and hereby release First Presbyterian Church and its leaders of any liability in the event of an accident.

Signature of Parent or Guardian

Date