

Redwood Valley Community Church Medical Release & Permission Form

Effective dates : 01/01/2017 to 12/31/2017

Please print in ink

Name: _____ Age: _____ Birthday: _____

Year in school _____ Male Female Email _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Other: _____

Medical Insurance Co: _____ Policy #: _____

Mother's name: _____ Phone: _____ Cell: _____

Father's name: _____ Phone: _____ Cell: _____

Emergency contact: _____ Phone: _____ Cell: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Medical History:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:

Good swimmer Fair swimmer Non-swimmer

2. Does your child have allergies:

Pollens Medications Food Insect bites

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

Asthma Epilepsy/ seizure disorder Heart trouble Diabetes Physical handicap Stomach upset

4. Date of last tetanus shot: _____

5. Does your child wear: glasses contact lenses

6. Please list and explain any major illnesses the child experienced the last year:

7. Should this child's activities be restricted for any reason? Yes No

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive other students during our events
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No physical displays of affection
- No personal electronic devices should be used, except for Bible app use
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Respect property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golfing and hayrides. Note: *If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ has my permission to attend all youth activities
Name of Student sponsored by Redwood Valley Community Church
from 01/01/2017 to 12/31/2017.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Redwood Valley Community Church and its staff of any liability against personal losses of named child.

I/we the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Redwood Valley Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Redwood Valley Community Church, its pastors, employees, agents, and volunteer workers from any and all liability for any loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treatment is required from a physician and/or hospital personnel designated by Redwood Valley Community Church, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named

above. I/We also agree to bring my/our child home at our own expense should they become ill or deemed necessary by the student ministries staff member.

Parent signature: _____ Date: _____

I/We give permission to Redwood Valley Community Church to place photographs and video of my child on facebook and/or church websites. Yes No