

# **ANNUAL PERMISSION/LIABILITY RELEASE & EMERGENCY/MEDICAL INFORMATION**

**RHPC CHILDREN/YOUTH 2013-14**

Student Name: _____	Birth Date: _____
Address: _____	City: _____
	State: _____ Zip: _____
Lives With: _____	
Name of church student is participating with: <u>    Rose Hill Presbyterian    </u>	

## **PARENTAL PERMISSION & LIABILITY RELEASE**

I/We give permission for our student (name listed above) to participate in children/youth activities with Rose Hill Presbyterian Church. I/We agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the activity. I/We wish to make clear our understanding that Rose Hill Presbyterian Church, staff and the leaders of the event are hereby relieved from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and absolve the church and leaders and hold them harmless from any claim or demand which might be asserted in connection with such activities and events. It is understood that every precaution will be taken for the safety and well being of my child, but in the event of accident or illness, Rose Hill Presbyterian Church, its staff, and its volunteers are hereby released from any liability. In case of medical emergency, I/We hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by a leader and efforts have been made to contact the participant's parents. I/We assume full financial, insurance and legal responsibility for such care. By signing this release, I consent to my child's participation, and am waiving any and all claims that might arise out of such participation. My student is aware that they may not bring any illegal objects (drugs, alcohol, weapons, etc.), and realize that if they do, the decision will be made to send them home at my expense. I accept financial responsibility for participation in this activity. I give my permission for my child's photo to be taken and displayed.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **MEDICAL INFORMATION:**

Date of last Tetanus shot: \_\_\_\_\_

Does your student experience any of the following, please include explanation:

- Asthma (include exercise-induced asthma) *If yes, student must bring a full inhaler:* \_\_\_\_\_
- Chronic/Recurring illness: \_\_\_\_\_
- Physical handicap or physical activity limitations: \_\_\_\_\_
- Please list and explain any other health/behavior conditions we should be aware of: \_\_\_\_\_

## **ALLERGIES & RESTRICTIONS:**

Food Restrictions (include vegetarian/vegan preference and allergies): \_\_\_\_\_

Medications/Medical: \_\_\_\_\_

Environmental: \_\_\_\_\_

**MEDICATIONS:** Please list **ALL** medications student is currently taking:

Medication	Type of illness being treated	Dosage/Special Instructions
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

## **EMERGENCY CONTACT INFORMATION:**

Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Contact (if you cannot be reached) Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **INSURANCE INFORMATION:**

Name of Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_