



# REDEEMER'S F E L L O W S H I P

## Student Ministries Medical Release & Permission Form

Effective Dates: **June 30, 2017 to July 1, 2018**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Last First Middle  
Male \_\_\_\_\_ Female \_\_\_\_\_ Year/Grade in School \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Email \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy / Group Number \_\_\_\_\_

Primary Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Known allergies (including any medication allergies) \_\_\_\_\_

Known medical conditions that we should be aware of (i.e. diabetes, asthma, seizures, etc.) \_\_\_\_\_

Medications currently taking \_\_\_\_\_

### CHECK ANY MEDICATIONS YOUR STUDENT SHOULD NOT RECEIVE

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Advil / Ibuprofen / Motrin   | <input type="checkbox"/> Aloe Vera Gel with Lidocaine | <input type="checkbox"/> Benadryl / Diphenhydramine |
| <input type="checkbox"/> Calamine / Caladryl          | <input type="checkbox"/> Hydrocortisone Cream         | <input type="checkbox"/> Imodium                    |
| <input type="checkbox"/> Iodine / Bactine / Hibiclens | <input type="checkbox"/> Mylanta / Maalox             | <input type="checkbox"/> Neosporin                  |
| <input type="checkbox"/> Throat Lozenges              | <input type="checkbox"/> Tums                         | <input type="checkbox"/> Tylenol / Acetaminophen    |
| <input type="checkbox"/> Other - _____                |   |   |

Activities include various difficulty levels of activity and participation. If you desire to limit your child's participation in any event, please communicate that personally with the youth pastor prior to the event.

The child named above has my permission to attend and be transported by designated vehicles to/from all youth activities sponsored by REDEEMER'S FELLOWSHIP (hereinafter "Redeemer's") during the period **June 30, 2017 to July 1, 2018**. I/We the undersigned are the parents of or have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by Redeemer's. This consent form also gives permission to seek whatever medical attention is deemed necessary, and releases Redeemer's and its representatives of any liability against personal losses of named child. I/We understand that there are inherent risks involved in any activity or athletic event, and I/we hereby release Redeemer's, its pastors, employees, volunteers, agents, and representatives from any and all liability for any injury, illness, 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 such treatment is required from a physician and/or hospital personnel designated by Redeemer's, I/we agree to hold such representative 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 and other expenses should those costs not be reimbursed by an 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 my/our own expense should they become ill or if otherwise deemed necessary by a student ministries staff member.

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

**Any facsimile, copy or photocopy of this Medical Release & Permission Form shall have the same full force and effect as the original.**