



Student Ministries Medical Release & Permission Form

Effective Dates: **May 1, 2018 to July 1, 2019**

Name: _____ Age _____ Birthday _____
 Last First Middle
 Year in School _____ Male ___ Female ___ Email Address _____
 Address _____ City _____ State _____ Zip _____
 Phone _____ Pager/Cell _____
 Medical Insurance Company _____ Policy # _____
 Mother's Name _____ Phone: Home _____ Work _____ Cell _____
 Father's Name _____ Phone: _____
 Home _____ Work _____ Cell _____
 Emergency Contact _____ Phone: Home _____ Work _____ Cell _____
 Physician _____ Office Phone _____
 Allergies/Special Medical Concerns: _____
 Past Medical History (i.e. diabetes, asthma, seizures, etc.) _____
 Medication currently being taken: _____

CHECK ANY MEDICATIONS YOUR STUDENT SHOULD NOT RECEIVE

- Aloe Vera Gel with Lidocaine
- Benadryl/Diphenhydramine
- Calamine/Calydryl
- Hydrocortisone Cream
- Ibuprofen/Advil/Motrin
- Imodium
- Iodine/Bactine/Hibiclens
- Mylanta/Maalox
- Neosporin
- Throat Lozenges
- Tums
- Tylenol/Acetaminophen

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Activities include various difficulty levels of activity and participation. 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.

(Name of Student): _____ has my permission to attend and be transported by designated vehicles to/from all youth activities sponsored by REDEEMER'S FELLOWSHIP (hereinafter the "Church") from June 30, 2017 to July 1, 2018.

- This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the 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 the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, 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 the 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 my/our own expense should they become ill or if deemed necessary by a student ministries staff member.

Parent/guardian Signature: _____ **Date:** _____

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