

RIVERSIDE WESLEYAN CHURCH
STUDENT MEDICAL LIABILITY RELEASE AND PERMISSION FORM

STUDENT NAME _____ DOB _____ AGE _____
PARENT'S NAME(S) _____
ADDRESS _____ APT# _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ WORK PHONE _____ CELL PHONE _____
PRIMARY E-MAIL ADDRESS _____
IN EMERGENCY, PLEASE NOTIFY: NAME _____ PHONE# _____

HEALTH HISTORY:

Allergies:	<input type="checkbox"/> Insect Stings	<input type="checkbox"/> Drugs	<input type="checkbox"/> Other Allergies:	
Other Conditions:	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Chronic Asthma	
	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Physical Handicap

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions)

Name(s) and Dosage(s) of any medications that must be taken:

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your student is on a church-sponsored activity.

Do you have health insurance? **YES / NO** (circle one)

DOCTOR _____ CITY _____ PHONE# _____

Company Name: _____

Policy Number _____ Phone # _____

Any swimming restrictions? **YES / NO** Any activity restrictions? **YES / NO**

If **YES** is circled, please describe restrictions _____

EMERGENCY PERMISSION:

"I give permission for my son or daughter to attend RWC student events. In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to: hospitalize, secure proper treatment, and/or order and injection, anesthesia, or surgery for my student as deemed necessary."

Signature _____ Date _____

LIABILITY RELEASE:

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this release, the parent or guardian agrees to assume and accept all risks and hazards inherent in the church or its employees or its volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

Signature _____ Date _____

PUBLICITY RELEASE:

Picture and/or video images taken of my child may be used in materials published by Riverside Wesleyan Church in print or on the church website.

Signature _____ Date _____