

Medical Release 2010
Revolution Student Ministries – Riverside Wesleyan Church

Last Name _____ **First Name** _____ Date of Birth ____ - ____ - ____

Address _____ City _____ Zip _____

Parent Name: _____ Phone #: _____ Other #: _____

Emergency Contact #1: _____ Emerg. Phone: _____

Emergency Contact #2: _____ Emerg. Phone: _____

Known Allergies: _____

Medical Conditions:

- | | | |
|--|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD or ADHD | <input type="checkbox"/> Migraine Headaches |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Epilepsy/Nervous Disorders | <input type="checkbox"/> Other: _____ |

If your child should require medical attention for injuries or illnesses contracted prior to this activity/trip, please send along the information necessary to give you or your child proper medical service during this activity/trip. If you have medical insurance for your child, your carrier will be billed for medical charges in the case of illness or injury while your child is attending this activity/trip.

Does your child have Health Insurance? Yes No

Name of Medical Provider _____

Group # _____ Policy # _____

Authorization Phone # (if necessary): _____

MEDICAL RELEASE & LIABILITY RELEASE:

(I) (We), the undersigned, parent(s) or legal guardian of, a minor, so hereby authorize Riverside Wesleyan Church as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general care or supervision of, any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective until revoked in writing delivered to said agent(s). The parent and/or guardians of this student shall indemnify, hold free and harmless, assume liability for, and defend Riverside Wesleyan Church its agents, servants, employees, officers, and directors from any and all cost and expenses including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums Riverside Wesleyan Church is obligated to pay on account of any, all and every demand for, claim assertion or liability, or any claim or action founded thereon, arising or alleged to have arisen out of your students use of real or personal property belonging to Riverside Wesleyan Church its agents, employees, officers, and directors, or by any action or omission by your student. No recreational activities are without the possibility of unforeseen hazards. Certain activities have the inherent possibility for risk. Therefore, we want to alert parents, guardians and individuals these hazards. It is impossible to list all such risks. Personal injury and property damage may result from participating in some of our activities, which may include competition games, winter related sports and activities, water and summer related sports and other activities, which we allow. Injury and property damage may also result from such activities, which we do not allow. I hereby agree to accept any and all costs associated to property damage done by the student, medical costs for the student and any transportation costs in sending students home because of discipline issues, illness, etc.

 Parent/Guardian Signature (Your may sign your own release if you are over 18)

 Date

 Please Print Name

 Relationship to Child

This form is effective from the date of the signature of the parent or individual and it will expire on 12/31/2010. The parent, guardian, or individual is responsible to update or correct and information that changes until that date.