

PERMISSION FORM
For Ridgeland Community Church

Activity: _____ Date _____

Name: _____ Date of Birth _____

Address: _____ City: _____ State: _____

Telephone #: _____ Male _____ Female _____

INSURANCE INFORMATION

Health Insurance Co. _____ Policy No.: _____

Physician or Clinic: _____ Telephone #: _____

Specific medical condition/s or other necessary health information:

PARENTAL AUTHORIZATION

As the parent or guardian of _____ I give permission for my child to participate in the activity stated above. My child has my permission to be transported to and from this activity. I understand that neither Ridgeland Community Church nor any of its agents are responsible for any injury sustained by my child. I accept responsibility for any medical expenses as a result of any such injury sustained.

Signature Parent/Guardian: _____ Date: _____

MEDICAL RELEASE

As the parent or guardian of _____, I do herewith authorize the treatment by a qualified and licensed medical doctor of my child in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Signature Parent/Guardian: _____ Date: _____

Home Telephone #: _____ Work Telephone #: _____

Cell Telephone # _____

Another person to contact in case of emergency:

Name: _____ Relationship: _____ Telephone #: _____

Today's Date ___/___/___

2007-2008 Youth Permission and Health Form

I understand that Ridgeland Community Church and its youth ministry staff are committed to providing safe, fun and educational activities, and that all RCC youth activities are conducted in a smoke-, alcohol- and drug-free environment. In light of this, and to help ensure the safety of all concerned, I understand that if my child is in possession of drugs, alcohol or tobacco products, engages in any illegal conduct, or refuses to follow the directions of RCC youth staff or volunteers while participating in this activity, I will be telephoned to immediately pick up my child.

In the event of a medical emergency, I declare that I am the child's parent or legal guardian and hereby authorize the RCC youth ministry staff, as agents for me, to consent to X- ray exams, and other medical, dental, or surgical diagnosis and treatment, advised and supervised by a physician, surgeon or dentist. This authorization extends to any emergency room treatment, and admission and treatment as an inpatient, considered necessary by the attending physician. I understand that, in the event of such an emergency, I will be contacted as soon as possible.

Child's Name: _____ **Date of Birth** ___/___/___ **Grade** _____

Address: _____
Street / P.O. Box City State Zip

Parent/Guardian Signature: _____

Parent's Telephone: _____ **Cell:** _____

If I am unreachable in an emergency, contact: _____

Relation to Student: _____

Emergency Telephone: _____ **Cell:** _____

Name of Family Doctor: _____ **Phone:** _____

Medical Insurance Company: _____

Contract Number: _____

Date of last tetanus immunization ___/___/___ **Has he/she previously had penicillin?** _____

List any medication to which he/she is allergic: _____

List any current medical problem or medicine: _____

** If any of this information changes during the year, you must fill out another 2006/2007 Permission and Health Form, write "UPDATED" in the top left corner, and return it to RCC.*

