



ANNUAL PERMISSION/LIABILITY RELEASE & EMERGENCY/MEDICAL INFORMATION

Student Name: _____ Birth Date: _____
Address: _____ City: _____ State: _____ Zip: _____

PARENTAL PERMISSION & LIABILITY RELEASE:

I give permission for my student (name listed above) to participate in children/youth activities and events on or off-campus with Rose Hill Presbyterian Church. I agree to direct my child to cooperate and conform to directions and instructions of the supervisory personnel in charge of the activity. I relieve Rose Hill Presbyterian Church, staff and the leaders of the event from any liability for loss of property, damage to property, or any personal harm that may come to the participant, and I absolve the church and leaders from any claim or demand of liability which might be asserted in connection with such activities and events. It is understood that every precaution will be taken for the safety and well being of my child, but in the event of accident or illness, Rose Hill Presbyterian Church, its staff, and its volunteers are hereby released from any liability. In case of medical emergency, I hereby authorize any medical and/or surgical care, including diagnosis and treatment, to be given by any licensed hospital or clinic, when the participant is accompanied by a leader and efforts have been made to contact the participant's parents. I assume full financial and legal responsibility for such care. By signing this release, I consent to my child's participation, and am waiving any and all claims of liability that might arise out of such participation. My student is aware that they may not bring any illegal objects (drugs, alcohol, weapons, etc.), and realize that if they do, the decision will be made to send them home at my expense. If at any time we decide to cancel participation in an activity or event, I realize that partial or full cost of the event may be nonrefundable. I accept financial responsibility for participation in this activity.

Parent/Guardian Signature: _____ Date: _____

PLEASE CHECK ONE: _____ Permission granted for all events on-campus and off-campus.
_____ Separate Event Release Form requested for off-campus events/activities.

Permission to drink caffeinated beverages (espresso, coffee, etc.): ___ Yes ___ No

PHOTO / VIDEO CONSENT FOR PROMOTIONAL PURPOSES AND SOCIAL MEDIA: __ YES __ NO

MEDICAL INFORMATION:

Date of last Tetanus shot: _____
Does your student experience any of the following, please include explanation:
[] Asthma (include exercise-induced asthma) If yes, student must bring a full inhaler: _____
[] Chronic/Recurring illness: _____
[] Physical handicap or physical activity limitations: _____
[] Please list and explain any other health conditions we should be aware of: _____

ALLERGIES & RESTRICTIONS:

Food Restrictions (include vegetarian/vegan preference and allergies): _____
Medications/Medical: _____
Environmental: _____

MEDICATIONS: Please list ALL medications student is currently taking (use back if needed):

Table with 3 columns: Medication, Type of illness being treated, Dosage/Special Instructions. Rows 1 and 2.

EMERGENCY CONTACT INFORMATION:

Parent/Guardian #1 _____ Phone: _____ Cell Phone: _____ Email: _____
Parent/Guardian #2 _____ Phone: _____ Cell Phone: _____ Email: _____
Alternate Contact Name: _____ Phone: _____

INSURANCE INFORMATION:

Name of Insurance Company: _____ Phone: _____
Policy Holder Name: _____ Policy Number: _____