



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.

COVID 19: I understand the risks of COVID 19 infection for my child's participation in youth events both on campus and off campus. Rose Hill Church leadership has requested all youth and staff to wear protective masks and practice social distancing during all events, I accept that my child is responsible for adhering to this request with the understanding that masks may only be removed while outside and only when social distancing is being practiced. Even with these precautions, it is understood that unintentional infection of COVID 19 is possible, and I hereby release Rose Hill Presbyterian Church, its staff, and its volunteers from any liability.

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): Medication

	Type of illness being treated	Dosage/Special Instructions
1.	_____	_____
2.	_____	_____

**EMERGENCY CONTACT INFORMATION:**

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

**INSURANCE INFORMATION:**

Name of Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Policy Holder Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_