Revised February 22, 2017

Redeemer's Fellowship Medical Release & Permission Form
Student Ministries

Effective Dates: June 30, 2017 to July 1, 2018

Name:_____Age_____Birthday_____
Last First Middle

Year in School_____ Male ____Female ____ Email Address_____

Address_____City_____State_____Zip_____

Phone_____Pager/

Cell_____

Medical Insurance Company_____ Policy #_____

Mother's Name_____Phone: Home_____Work_____Cell_____

Father's Name_____Phone:

Home_____Work_____Cell_____

Emergency Contact_____ Phone: Home_____Work_____Cell_____

Physician_____Office Phone_____

Allergies/Special Medical Concerns:_____

Past Medical History (i.e. diabetes, asthma, seizures, etc.)_____

Medication currently being taken:_____

CHECK ANY MEDICATIONS YOUR STUDENT SHOULD NOT RECEIVE

____Aloe Vera Gel with Lidocaine ____Benadryl/Diphenhydramine

____Calamine/Calydryl ____Hydrocortisone Cream ____Ibuprofen/Advil/Motrin ____Imodium

____Iodine/Bactine/Hibiclens ____Mylanta/Maalox____Neosporin ____Throat Lozenges ____Tums

____Tylenol/Acetaminophen

Medical Release & Permission Form

Activities include various difficulty levels of activity and participation. Note: If you desire to limit your child's participation
in any event, please submit your wishes in writing to the church youth pastor prior to that event.

(Name of Student):_____has my permission to attend and be transported by designated vehicles to/from all youth activities sponsored by REDEEMER'S FELLOWSHIP (hereinafter the "Church") from June 30, 2017 to July 1, 2018.

• This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church
and its staff of any liability against personal losses of named child.

• I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or
athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event such treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

• I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

• Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a student ministries staff member.

Parent/guardian Signature:_____Date:_____

Any facsimile, copy or photocopy of this Medical Release and Permission Form shall have the same full force and effect as the original.