

# OneEncounter Youth Ministry Medical Release Form

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Sex: Male Female Birth Date: \_\_\_\_\_ Grade for 2013-2014 year: \_\_\_\_\_  
Name(s) of Parent(s) or Guardian(s) : \_\_\_\_\_  
Parent(s) or Guardian(s) Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Parent's Email: \_\_\_\_\_ Student's Email: \_\_\_\_\_  
Emergency Contact if parents can not be reached :

\_\_\_\_\_ Emergency Contact's Phone: \_\_\_\_\_  
\_\_\_\_\_ has my permission to attend all church sponsored youth events with  
RiverSong between the date that this form is signed to the date of 12/31/13.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Information

- Has this student had any of the following? (Check if YES)  
 Recent illness  Heart Condition  Immunity disorder  Allergies – if yes please list :
- Immunizations : Date of last Tetanus shot \_\_\_\_\_ Other Immunizations up to date?  Yes  No
- List any medications this student will need to take while at the events:  
\_\_\_\_\_  
\_\_\_\_\_

NOTE : All medications (prescription and non prescription) must be checked in to the youth pastor (Kahlin or Kyle Hawke) at each event. These staff members will administer all medications according to parents and/or Doctor's instructions.

- List any instructions for the administering of the student's medication:  
\_\_\_\_\_  
\_\_\_\_\_

- Restrictions: Any swimming restrictions? Yes No (circle) Other activity restrictions? Yes No (circle)

Give details on the reverse side

- Medical Insurance: Company \_\_\_\_\_ Policy Number: \_\_\_\_\_  
\_\_\_\_\_ Group Number: \_\_\_\_\_

7. Treatment authorization: With the understanding that due care for the health and safety of all participants will be exercised, RiverSong Church will not be held responsible in the event of any illness or accidental injury. I also authorize and direct the youth leaders to secure the services of properly qualified medical personnel to perform any necessary medical or surgical procedure for my child in the event of any illness or injury, with the understanding that every reasonable effort will be made to contact me before such action is taken. I also agree to assume all legal and financial responsibility for the treatment of my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent \_\_\_\_\_ Legal Guardian \_\_\_\_\_ (check one) Witness: \_\_\_\_\_

Date: \_\_\_\_\_

**RiverSong Church, 3660 Springfield-Jamestown Rd., (937) 322-9673**