

Rockville Presbyterian Church Youth Group
Youth Emergency Contact and Medical Information Sheet
2011-2012

Student Information:

Full Name: _____ Birthday: ____ - ____ - ____ Grade: _____

Address: _____

Parent/Guardian Phone Number(s):

(H) _____ Mobile: _____ Text? ___ Yes ___ NO (W) _____

(H) _____ Mobile: _____ Text? ___ Yes ___ NO (W) _____

Parent/Guardian Email(s):

Non-Parent Emergency Contact Information

Name: _____ Relationship: _____

Address: _____

Phone Numbers: _____

Insurance Information

Name of Policy Holder: _____

Insurance Company: _____

Group #: _____ Policy #: _____

Name of Doctor: _____ Phone Number: _____

Health History Information

Pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____

Allergies: _____

Date of Last Tetanus Shot: _____ Does Student Wear Contact Lenses? _____

Any Activity Restrictions? _____

Permission To Administer Medications

I give my permission for the below circled indicated medications to be administered to my youth at my youth's request or as deemed necessary by adult leaders. (Circle all that apply)

Ibuprofen

Tums

Cough Drops

Aspirin

Tylenol

Sudafed (or generic)

Dramamine

Benadryl

Pepto Bismal

Imodium AD

Rockville Presbyterian Church
Youth Permission Form and Medical Waiver for Youth Group Activities
2011-2012

As a parent/guardian of (youth's name) _____ (hereafter "my youth"), I give my permission for my youth to participate in all Rockville Presbyterian Church youth group activities and events from September 1, 2011 through August 30, 2012. I understand that youth may not drive any other youth on any RPC events. I give my permission for my youth to ride with an unaccompanied RPC leader, should the situation arise, during any off-site RPC event or activity.

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person listed on the opposite side of this form. In the event that he/she cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. If I do not have medical insurance, I understand that I am responsible for the costs that are incurred.

I understand all reasonable safety precautions will be taken while the youth are in authorized locations during the events and activities of the RPC youth programs. I understand the risk of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Rockville Presbyterian Church, its leaders, employees, and volunteer staff liable for damages, losses, or injuries incurred by my youth.

Parent/Guardian Signature

Date

Parent/Guardian Name (Printed)