



MEDICAL HISTORY Permission & Release

STUDENT INFORMATION

Student Full Name _____ Age ____ T-Shirt Size _____

Student Date of Birth _____ Grade in School: _____ School: _____

Home Address _____

Parent/Guardian Name(s) _____ Home Number _____

Student Cell Phone Number _____ Student Email Address _____@_____

Father's Work Place _____ Cell Number: _____ Work Number _____

Mother's Work Place _____ Work Phone Number _____

Father's Email address _____@_____ Mother's Email Address _____@_____

Emergency Contacts

Name: _____ Phone Number: _____ Relationship: _____

Name: _____ Phone Number: _____ Relationship: _____

MEDICAL HISTORY

Family Physician _____ Phone Number _____

Family Insurance Company _____ Policy Number _____

Name of Insured and Employer _____

Current medications _____

Special Diet _____

IMMUNIZATIONS _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Other: _____

PAST MEDICAL HISTORY

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney _____ Heart _____ Diabetes

_____ Dizziness _____ Upset Stomach _____ Hay Fever _____ Migraines/Headaches

_____ *Other: _____

Previous operation or serious illnesses _____
ALLERGIES

Food: _____ Insect Bites/Stings _____

Penicillin or other Drug: _____

Poison Oak or Ivy _____ *Other: _____

CHILDHOOD DISEASES _____ Chickenpox _____ Measles _____ Mumps _____ Whooping Cough

Any additional medical needs which your student has that adult supervisors should be aware of:

PERMISSION FOR TREATMENT

We, the undersigned parents or legal guardian of _____, a minor, do hereby release authorization and give permission to RiverStone to furnish any necessary transportation, food, and lodging for this participant. The undersigned further agrees to hold harmless and indemnify RiverStone, its directors, employees, and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. In the event of an emergency, I hereby authorize an adult leader of this student ministry, as an agent for me, to consent to an x-ray; examination; emergency transportation; medical, dental, surgical diagnosis; treatment or hospital care advised and supervised by a physician, surgeon, or dentist, (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I specifically give permission for supervisors to administer Tylenol and Ibuprofen for treatment while on the trip. We further assume responsibility for the decision so made and the emergency care or treatment so secured for our child. We understand that, given proper time and circumstances, we will be notified by phone as soon as possible when treatment is needed or secured. Furthermore, should it be necessary for the participant to return home due to a medical condition, disciplinary action, or otherwise, we assume all transportation costs involved. . We have given our consent for my student to attend events being organized by RiverStone. We understand that there are inherent risks involved in any ministry or athletic event, and we hereby release RiverStone, 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 our child's involvement.

Further, I specifically understand and agree that there is to be no alcohol or tobacco in the possession of or used by my child on the said field trip/retreat. I understand that I will be called immediately if any tobacco or alcohol is in the possession of my child or being used by my child, and that I will be required to pick up my child immediately.

Parent/Guardian Name – printed

Signature of Parent/Guardian

Date

