

**ROSE DRIVE FRIENDS CHURCH  
STUDENT MINISTRIES  
LIABILITY RELEASE AND  
MEDICAL RELEASE FORM**

**VALID JUNE 2009 To JUNE 2010**

Required for all 6<sup>th</sup> through 12<sup>th</sup> grade students  
attending any Rose Drive Friends Church event

Name: \_\_\_\_\_ Gender: \_\_\_\_  
Age: \_\_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade: \_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

**Health History:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Insect Sting Allergies | <input type="checkbox"/> Chronic Asthma    | <input type="checkbox"/> Epilepsy/Nervous Disorders |
| <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Food Allergies         | <input type="checkbox"/> Frequent Colds    | <input type="checkbox"/> Frequent Stomach Upsets    |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Heart Condition        | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Other: _____               |

Please Specify: \_\_\_\_\_

Normal treatment: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Name and dosage of any medications that must be taken \_\_\_\_\_

Any activity restrictions?  Yes  No List restrictions \_\_\_\_\_

**If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the information necessary to give you or your child proper medical service during this activity/trip. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity/trip. Please let us know of any updates to your insurance policy by filling out a new form and sending it into the church office.**

Do you have Health Insurance?  Yes  No  
Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Group # \_\_\_\_\_ Authorization Phone Number (if necessary) \_\_\_\_\_

**MEDICAL RELEASE:** In the event I cannot be reached in an emergency during the activity dates shown above on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for me or my child as deemed necessary. I also authorize the nurse on duty or trip leader at the activity to administer medical aid as required for illness or injury under a physician's orders. I understand that all billings for services rendered will be sent to me as the parent/legal guardian and that I am responsible for the complete payment. This form is for any and all events, projects, ministries, small groups, or trips involving Rose Drive Friends Church.

**LIABILITY RELEASE:** No recreational activities are without the possibility of unforeseen hazards. Certain activities inherent possibility for risk. Therefore, we want to alert parents, guardians and individuals to them. It is impossible to list all such risks. Personal injury and property damage may result from participating in some of our activities which may include strenuous competition games, broom hockey, skiing, snow tubing, ice skating, snowboarding, other winter related sports and activities, boating, biking, rappelling, night games, volleyball, roller-skating/blading, skateboarding, swimming, other water and summer-related sports which we allow. Injury and property damage may also result from activities which we do not allow, thereby violating our standing common sense rules. The intent of this liability Release is to prevent Rose Drive Friends Church from being held liable for injuries to person or property when attendees of our activity/trips are injured as a result of an activity that we do or do not allow. By signing this form, the parent, guardian or individual agrees to assume and accept all risks and hazards. The signer also agrees not to hold Rose Drive Friends Church, its pastors, employees, lay staff or volunteer staff liable for damages, losses or injuries to the person(s) or property, including results for active negligence or other wrongful conduct on the part of Rose Drive Friends Church, its pastors, employees, lay staff or volunteer staff. The signer understands that they are signing for the minor listed on this form and that they further understand that signing this Liability Release constitutes a full and complete release from liability insofar as Rose Drive Friends Church is concerned and an agreement to hold said church harmless and relieved of any responsibility for injury or damage to you or your child. The signature is for both Medical and Liability release. ***It is also acknowledged that if my child has to return home early for discipline violations it will be at the parent/guardian's expense.***

Parent/Guardian Signature (You may sign your own release if over 18) \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to the child \_\_\_\_\_