

Rogue Valley Youth for Christ

MEDICAL & LIABILITY RELEASE FORM

STUDENT INFORMATION:

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

SCHOOL _____ GRADE _____

EMERGENCY INFORMATION:

PARENT/GUARDIAN _____ TELEPHONE _____ WORK TELEPHONE _____

ALTERNATE CONTACT:

NAME _____ TELEPHONE _____ WORK TELEPHONE _____

DOCTOR:

NAME _____ CITY _____ TELEPHONE _____

Do you have medical insurance? Yes () No () NAME OF MEDICAL INSURANCE CARRIER _____

POLICY# _____ ADDRESS _____

HEALTH HISTORY:

ALLERGIES: Drug Allergies _____ Hay Fever _____ Insects _____ Other _____ Date of Last Tetanus Shot _____

OTHER CONDITIONS: Diabetes _____ High Blood Pressure _____ Cardiac _____ Chronic Asthma _____ Physical Disability _____
Epilepsy _____ Other _____

If you have checked any of the above, please give details (include the normal treatment of allergic reaction): _____

Name and dosage of any medication that must be taken _____

Activity Restrictions _____

NOTE: Every activity sponsored by Campus Life is carefully planned and adequately staffed by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities sponsored by Campus Life. The parent also agrees not to hold this organization or its employees or volunteers liable for damages, losses, or injuries to the person named above on this form. The parents or guardian understand that they are signing for the minor listed on this form and their signature is for both medical and liability release.

MEDICAL AND LIABILITY RELEASE:

This health history is correct, so far as I know. In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to Rogue Valley Campus Life to hospitalize, to secure proper treatment and/or to order injections, anesthesia, or surgery for my child as deemed necessary. I realize that I will be contacted at the earliest possible moment in case of such an emergency.

This authorization shall remain in effect from _____ to _____, unless revoked in writing and delivered to Rogue Valley Campus Life.

DATE: _____ SIGNATURE OF LEGAL GUARDIAN _____