

Ascent10 June 18-27 2010 Medical Release & Permission Form

PLEASE PRINT IN INK

Name: _____ Age _____ Birthday _____

Year in school _____ Male Female Height/ Weight _____ contacts glasses

Address _____ City _____ State _____ Zip _____

Home Phone _____ cell _____ Parents Names _____

Medical insurance company _____ Policy # _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD TO THIS FORM

Known Allergies (food, medication, asthma, environmental) _____

Emergency contact _____ Phone: Home _____ Work _____

- By Checking this box, I give Rejoice's leadership team permission to administer the following oral medications *from the Rejoice First Aid Kit* to my child should they feel my child warrants them. They do not need to call me before administering these medications: Tylenol, Ibuprofen, or Advil for headaches and other minor pain relief; Medicine for upset stomach (TUMS); Cold medicine (decongestant and antihistamine) for runny nose or sore throat.
- By checking this box, I am letting you know that I do NOT want you to give my child medicine from the Rejoice First Aid Kit unless you call me first, no matter how minor the situation may be.**
- My Child has specific prescription he/she must take I would like an adult on the trip to administer his/her medicine to my child. Please follow the specific instructions on the back of this page

We expect each student to conform to these rules of conduct:

No possession or use of alcohol, drugs, or tobacco, No fighting, weapons, fireworks, lighters, or explosives
 No offensive or immodest clothing or behavior, No boys in girls' sleeping quarters and no girls in boys' sleeping quarters, Participation with the group is expected, Respect of all property, Respect one another, staff, and adult leaders, Respect and comply with event schedules and regulations.

Students who fail to comply with these expectations will receive appropriate disciplinary action.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

_____ has my permission to attend all youth activities sponsored by **Rejoice Lutheran Church 0N377 North Mill Creek, Geneva IL 60134.** (hereinafter the "Church")
NAME OF STUDENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff and volunteers of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, 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 my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff members.

Parent/guardian signature: _____ Date: _____

