



STUDENT MEDICAL/LIABILITY RELEASE FORM



STUDENT INFORMATION

CURRENT GRADE (in fall) _____ HIGH SCHOOL GRADUATION YEAR: 20_____

MALE / FEMALE

BIRTHDATE_____

LAST NAME_____ FIRST NAME_____

ADDRESS_____ HOME PHONE _____

PARENT/LEGAL GUARDIAN(S)_____

MOM CELL # _____

DAD CELL # _____

EMERGENCY CONTACT

NAME_____ RELATIONSHIP TO STUDENT_____

EMERGENCY CONTACT PHONE _____

FAMILY DOCTOR _____ DOCTOR PHONE_____

INSURANCE CO. _____ IF NONE PLEASE CHECK

INSURANCE POLICY # _____ OR GROUP # _____

KNOWN MEDICAL CONDITIONS_____

MEDICATIONS_____

ALLERGIES_____

LAST TETANUS IMMUNIZATION _____ CONTACT LENSES YES / NO

WILL YOU ALLOW BLOOD TRANSFUSIONS YES/ NO

OTHER_____

(Please fill out and sign the release on the back)



AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR:

(I) (We), the undersigned parent(s) of _____ (child's name) a minor, do hereby authorize Richfield Community Church children's/youth ministry leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25:8 of the Civil Code of California. This authorization shall remain effective through the above named minor's graduation from high school, unless sooner revoked in writing delivered to said agent(s).

PUBLICATION RELEASE

Adults: The user acknowledges that participation in the event/s activity/ies described herein also constitutes approval to be photographed and/or videotaped and to have those photographs and/or videos placed in Church related publications, including the Church website. Parents for Children: Participation in church related event/s, and activity/ies constitutes approval by you the parents for your children to possibly be photographed and/or videotaped and to have those photographs and/or videos placed in Church related publications, including the Church website.

If you do NOT grant RCC the permission to use photos or videos of your child in any of our publications, including the Church website please initial inside the box.

RELEASE OF RICHFIELD COMMUNITY CHURCH:

I _____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the Richfield Community Church, its agents, servants, employees, officers, and directors from any and all costs and expenses; including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which Richfield Community Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to Richfield Community Church, its agents, servants, employees, officers, and directors, or by action or omission by _____ (child's name).

PARENT/LEGAL GUARDIAN SIGNATURE

_____ **DATE:** _____