

**PERMISSION SLIP/MEDICAL CONSENT/RELEASE FROM LIABILITY**  
River West Student Ministry



I, the undersigned parent/guardian, have legal custody of the Student named below, a minor, and I hereby give my permission for him/her to attend the Activity/Event described below and sponsored by River West Church ("Church").

**Activity/Event:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First mm/dd/yyyy

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (work) \_\_\_\_\_

Father's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (work) \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that the following medical and insurance information about the Student is true, correct, and complete, and that the insurance coverage will still be in effect for the Student at the time of Activity/Event:

\*Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ Insurance Co. Phone #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

• Please list any known allergies (including allergies to medications): \_\_\_\_\_

• Please list any dietary restrictions and/or allergies: \_\_\_\_\_

• If the Student requires special medication(s), will he/she bring such medication(s) with him/her on the trip? yes no If "yes", please identify the special medication(s): \_\_\_\_\_

If "yes", students attending this event are responsible for administering and monitoring their own medication needs.

• Date of most recent tetanus shot, if known: \_\_\_\_\_

• Medical or health conditions or problems (asthma, diabetes, epilepsy, etc.): \_\_\_\_\_

• Do you give permission for the Church to dispense over-the-counter medications (e.g. ibuprofen, acetaminophen, antacid, antihistamine, decongestant) to the Student while he/she is participating in the Activity/Event? yes no

• Any swimming restrictions? yes no

• For health or other reasons, do you wish to restrict the Student's participation in any aspect of the Activity/Event? yes no If "yes", explain: \_\_\_\_\_

NOTE: Please use the back of this page or attach additional sheets of paper if necessary to fully provide the required information.

Student's Last Name: \_\_\_\_\_

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River West Student Ministry

**MEDICAL CONSENT.** I understand that if the Student suffers an accident or illness while involved in the Activity/Event, the Church will make reasonable efforts (directly and, if necessary, through the emergency contact listed above) to contact me and, if I cannot be reached, the other parent/guardian of the Student. I understand the Church will use the contact information provided above and that I must notify the Church of any changes thereto. If the Church cannot reach me or the other parent/guardian of the Student, then I hereby consent and give permission to the Church and its representatives with respect to the Activity/Event, as agent for me, to consent to, authorize, and sign such releases as may be required in order to obtain any x-ray examinations; injections; anesthesia; medical, dental, or surgical diagnosis and treatment; and/or hospital care and treatment advised and administered to the Student by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered. I further authorize the Church and its representatives with respect to the Activity/Event to arrange for the Student's transportation, whether by ambulance or otherwise, to a hospital or other proper facility to obtain care and treatment as described in the previous sentence. I am giving this authorization in advance of any specific diagnosis. Unless earlier revoked in writing, this authorization shall remain valid for the duration of the Activity/Event.

**ASSUMPTION OF RISK; RELEASE OF CLAIMS.** I understand that the Student's participation in the Activity/Event will involve inherent risks and I hereby voluntarily assume those risks on behalf of the Student. I hereby release the Church, its pastors, employees, agents, and volunteer workers ("Church Released Parties") from and against any and all claims and liability for any injury, loss, or damage to person or property ("Claims") that arise out of or relate to the Activity/Event including, without limitation, any and all Claims that arise out of or relate to negligence by the Church Released Parties.

In the event treatment is required from a physician and/or hospital personnel designated by the Church and pursuant to the medical consent given above, I agree to hold the person(s) and organization(s) providing such treatment free and harmless from any claims, demands, or suits for damages arising from such treatment. I also agree to bring the Student home at my own expense should he/she suffer an injury, become ill, or if otherwise deemed necessary by a student ministries staff member.

**TRANSPORTATION.** I authorize the Church to transport the Student in motor vehicles in connection with the Activity/Event, and I understand that the driver of any such vehicle will be an adult, deemed responsible by the Church.

\*I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. If the Student is not covered by any medical insurance that may apply, I agree to pay any and all expenses of medical and/or dental services rendered to the Student in accordance with the medical consent given above.

**I have carefully read this document and understand what it says. I am signing this document in consideration of the Church allowing the Student to participate in the Activity/Event.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**PERMISSION TO USE VIDEO/PHOTOGRAPHIC IMAGES:**

I DO NOT give the church permission to display my child's photograph on its website or in church presentations or publications.

I DO give the Church my permission. By signing the separate signature line following this section, I authorize the Church to display on its website or in church presentations or publications video and/or photographic images that were taken by the Church (or on its behalf) and that show the Student participating in the Activity/Event. This authorization may not be revoked except by my providing written notice of such revocation to the Church's Communication Director. If I revoke this authorization in such manner, I agree that the Church will have a reasonable amount of time to remove from its website any and all video and/or photographic images of the Student.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

