

**Medical Release Form
Rainier View Christian Church
Student Information:**

Name: _____ Birth date: _____ Age: _____
Year In School: _____ Gender: F M Email: _____
Cell: _____ Address: _____
City: _____ State: _____ Zipcode: _____
Medical Insurance Company: _____ Policy #: _____
Physician: _____ Phone: _____
Mother/Guardian Name: _____ Phone: _____
Father/Guardian Name: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Campus Student Attends:

Parkland _____ Graham _____ Non-RVCC Attender _____

Code of Conduct:

Each student participating in Rainier View Christian Church Student Ministry Events is expected to conform to the following rules of conduct: no possession or use of alcohol, drugs or tobacco. No fighting, weapons, fireworks, or explosives. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected. Respect property, one another, staff, and other adult leaders. Respect and comply with event schedules and rules. **Students who fail to comply with these expectations may be sent home at their parent's expense.**

I, the student/parent/guardian have read the rules of conduct and agree to the stated personal limitations and code of conduct for Student Ministry Events.

Student Signature: _____ **Date:** _____

Medical Information:

Allergies to Food - please list: _____
Upon exposure, list steps necessary to be taken _____

Is the student able to perform these steps upon exposure? Y or N

Allergies to Insect Bites: _____
Upon exposure, list steps necessary to be taken _____

Is the student able to perform these steps upon exposure? Y or N

Asthma/Respiratory Problems: _____
Upon exposure, list steps necessary to be taken _____

Is the student able to perform these steps upon exposure? Y or N

Allergies to Drugs: _____

Vision/Hearing Problems: _____

Physical Disabilities: _____

Is the student presently taking any medications? Y / N

If yes, please list: _____

Special Medication Conditions/Other Pertinent Information (add additional paper if needed):

I give the Rainier View Student Ministry Staff permission to administer the following OTC (over the counter) drugs to the student named above: *(circle all that apply)*

Acetaminophen Aspirin Antacids Ibuprofen Benadryl Other: _____

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 Rainier View Christian 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 member.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Phone: _____