

Ridgefield-Crystal Lake Presbyterian Church  
 Children/Youth Ministries  
 Youth Information

Student Name:		Age:	Birthday (mo/day/yr):
Address:		City and Zip:	
Home Phone (Area Code):	Student Cell Phone (Area Code):	Student Email Address:	
School:			Grade:
Parent / Guardian Name:	Cell Phone Number (Area Code)	Email Address:	
Parent / Guardian Name:	Cell Phone Number (Area Code)	Email Address:	

## Medical History and Release

I hereby grant permission for my child to participate in the Ridgefield Crystal Lake Presbyterian Church Middle School/High School Youth Group.

My child may be given acetaminophen, ibuprofen, or antihistamine by the leaders as needed. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the qualified and licensed physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Ridgefield Crystal Lake Presbyterian Church (RCLPC) through its accident policy will be used as a backup for what my family's insurance does not cover. Limited coverage of excess medical expense is available to the maximum allowed per the church's insurance policy.

I understand all reasonable safety precautions will be taken at all times by RCLPC and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold RCLPC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

Does your child have allergies to medications?    \_\_\_ No

\_\_\_ Yes (please list) \_\_\_\_\_

Does your child have allergies to:    \_\_\_ pollens    \_\_\_ insect bites    \_\_\_ food (list) \_\_\_\_\_

\_\_\_ Other (please list) \_\_\_\_\_

Does your child have any medical issue we should be aware of? \_\_\_\_\_

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