

## Health Information / Permission Slip

Sept. 1, 2009 – Sept. 1, 2010

Personal Information		
Name		
Address		
City, State, Zip		
DOB	Grade	School
Name of Parent / Legal Guardian		

	Student	Mom	Dad
Cell Phone			
Home Phone			
Work Phone			
Email Address			

Medical Information	
Insurance Provider	Policy Number
Dr Name	Phone
Allergies	
Medications	
Conditions we should be aware of	
Current Tetanus Shot?	Date:
<p>In case of an emergency we will first attempt to contact the parent / legal guardian listed above at any of the available phone numbers listed. If we are unable to reach the parent / legal guardian, who else should we attempt to contact?</p>	
Emergency Contact 1 Name	Emergency Contact 1 Phone Number(s)
Emergency Contact 2 Name	Emergency Contact 2 Phone Number(s)

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Sept. 1, 2009 – Sept. 1, 2010

#### Waiver and Release of Liability:

I, being the parent or legal guardian of \_\_\_\_\_, ("minor") in consideration of such minor's participation with Remembrance Reformed Church Junior High activities, do release, discharge and hold harmless Remembrance Reformed Church, their officers, agents, representatives and employees, from any and all claims, demands, damages, rights of action, causes of actions, or any liabilities whatsoever which may arise, or have arisen on account of or in any way related to participation in any Junior High activity.

X

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

#### Permission to Participate

I, being the parent or legal guardian of \_\_\_\_\_ give permission for him/her to participate in Remembrance Reformed Church Junior High activities.

X

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

#### Permission To Treat Minor Child

I, \_\_\_\_\_, the parent having legal custody, or the legal guardian of \_\_\_\_\_, a minor, have given my permission for him/her to participate in the Remembrance Reformed Church Junior High activities from 9/1/09 – 9/1/10, which include but are not limited to: Wednesday night activities, School year events, Summer Events, Mission Trip, Camps.

In the event that he/she is injured and requires the care of a doctor, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital personnel refuse to administer without our consent, we hereby authorize the following Remembrance Church adult leaders to give such consent for us if we cannot be reached by telephone at one of the numbers indicated on the reverse or because of an emergency there is not time or opportunity to make a telephone call:

Joe Bailey  
Sasha Braxmaier  
Jen Breen  
Freddie Carlson  
Jim Kosten

Joyce Kosten  
Benjamin Kragt  
Christina Kragt  
Mike Piper  
Lacy Powers

Chuck Snoap  
Suzy Snoap  
JC Wielhouwer  
Mary Wielhouwer  
Levi Yoder

In the event it becomes necessary for that person to give consent for us, we agree to hold such person, and Remembrance Church free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician.

X

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

#### Permission To Publicize Pictures of Minor Child

I understand that photographs and videos are taken regularly at youth group activities. I give permission for my student to be video taped or photographed for use in promoting Junior High Youth Group activities on the church web page and/or in print.

X

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date