



PERMISSION FOR EMERGENCY CARE & MEDICAL RELEASE FORM 2011-2012

RADIANT CHRISTIAN LIFE STUDENT MINISTRIES
14728 SETTERS RD. CARMEL, IN 46033

IN THE EVENT YOUR YOUTH IS INJURED ON A STUDENT MINISTRY FUNCTION, THIS PERMISSION FORM WILL BE READILY ACCESSIBLE AND TAKEN TO THE HOSPITAL WITH THE STUDENT. IT IS THE PARENT'S RESPONSIBILITY TO COMPLETE ANOTHER FORM FOR THE VALID DATES STATED ABOVE, IF ANY INSURANCE, MEDICATION, OR OTHER INFORMATION CHANGES. REMEMBER: EVERY ATTEMPT WILL BE MADE TO NOTIFY YOU PRIOR TO YOUR STUDENT BEING TAKEN FOR TREATMENT. IF WE ARE UNABLE TO CONTACT YOU, WE WILL SECURE THE NECESSARY MEDICAL ATTENTION USING THE INFORMATION YOU PROVIDE HERE. PLEASE COMPLETE THE ENTIRE FORM.

* PATIENT INFORMATION *

STUDENT NAME: _____ STUDENT SS#: _____ - _____ - _____

MALE or FEMALE
(circle one)

DATE OF BIRTH: ____/____/____ GRADE: _____ PRINT NAMES OF LEGAL GUARDIAN (S): _____

HOME PHONE (____) _____ - _____ MOM WORK # (____) _____ - _____

DAD WORK # (____) _____ - _____ MOM CELL # (____) _____ - _____

DAD CELL # (____) _____ - _____

HOME ADDRESS/ CITY/ ZIP: _____

ALLERGIES: _____

REGULAR MEDICATION (NAME/DOSAGE/PURPOSE): _____

SPECIAL NEEDS OR MEDICAL CONDITION: _____

DOES PATIENT WEAR CONTACT LENSES? _____ GAS PERMEABLE OR SOFT (CIRCLE ONE)

DATE OF LAST TETANUS SHOT _____

* INSURANCE CARRIER INFORMATION *

INSURANCE COMPANY _____ INSURED'S NAME _____

INSURED'S EMPLOYER _____ POLICY NUMBER _____

MEMBER NUMBER _____ INSURED'S ID NUMBER _____

GROUP NUMBER _____ EFFECTIVE DATE _____ EXPIRATION DATE _____

THE ADULT ADVISOR(S) HAVE MY (OUR) PERMISSION TO TAKE MY (OUR) CHILD, AT MY (OUR) EXPENSE, TO THE HOSPITAL EMERGENCY ROOM DEEMED APPROPRIATE BY THE RESCUE SQUAD OR THE ADULT ADVISOR(S). THE HOSPITAL AND ITS MEDICAL STAFF HAVE MY (OUR) AUTHORIZATION TO PROVIDE TREATMENT WHICH A PHYSICIAN DEEMS NECESSARY, INCLUDING ANESTHESIA, FOR THE WELL BEING OF MY (OUR) CHILD. I (WE) UNDERSTAND EVERY EFFORT WILL BE MADE TO CONTACT ME (US).

BY SIGNING BELOW, THE STUDENT NAMED ABOVE (OR PARENT/GUARDIAN IF STUDENT IS UNDER THE AGE OF 18) ACKNOWLEDGES AND ACCEPTS THE RISKS OF PHYSICAL INJURY ASSOCIATED WITH PARTICIPATION IN ANY/ALL RADIANT CHRISTIAN LIFE STUDENT MINISTRY EVENTS AND MEETINGS. EXCEPT FOR GROSS NEGLIGENCE ON THE PART OF RADIANT CHRISTIAN LIFE CHURCH, THE STUDENT NAMED ABOVE (OR PARENT/GUARDIAN) ACCEPTS PERSONAL FINANCIAL RESPONSIBILITY FOR ANY/ALL BODILY OR PERSONAL INJURY SUSTAINED DURING ANY/ALL DULLES COMMUNITY CHURCH YOUTH MINISTRY EVENTS OR MEETINGS. FURTHER, THE STUDENT NAMED ABOVE (OR PARENT/GUARDIAN) PROMISES TO HOLD HARMLESS RADIANT CHRISTIAN LIFE AND ITS REPRESENTATIVES FOR ANY INJURY RELATED TO THE ACTIVITY OR MEETING.

IF A DISPUTE OVER THIS AGREEMENT OR ANY CLAIM FOR DAMAGE ARISES, THE STUDENT NAMED ABOVE (OR PARENT/ GUARDIAN) AGREES TO RESOLVE THE MATTER THROUGH A MUTUALLY ACCEPTABLE ARBITRATION PROCESS.

SIGNATURE OF PARENT OR GUARDIAN

DATE

PRINT NAME OF PARENT/GUARDIAN HERE