

STUDENT MINISTRY EVENTS 2009- Permission/Release/Medical Consent Ridge Church Student Ministry – Student Impact

Participant's Name: _____ (Nickname) _____

Address: _____

City/State: _____ Zip: _____ Sex: M ___ F ___ Email: _____

Home Phone: _____ Parent's Work Phone: _____

Current Grade : _____ School: _____ Birthdate: ____/____/____

Emergency Contact (Name): _____ Phone (day): _____ (night): _____

PERMISSION, RELEASE AND CONSENT OF PARENT OR GUARDIAN

(RIDGE CHURCH STUDENT ACTIVITY)

As parent or legal guardian I hereby give my permission for my child (name) _____ to participate in the following activity organized by Ridge Church, Student Ministry Event 2008 (the "Activity"). I have read the General Rules of Discipline for Ridge Church Student Functions and agree that my child shall be bound by such rules and amendments thereto as shall be in effect at the time of my child's participation in the Activity. I also assume responsibility for any transportation costs that may be incurred in sending my child home and agree, if asked to do so, to pick up my child wherever the Activity is held.

I hereby release, hold harmless and absolve Ridge Church staff, counselors, sponsors and all others who have assisted in the planning organizing and implementing of the Activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of my child's participation in the Activity.

I understand that, in the event my child requires medical treatment while engaged in the Activity, reasonable efforts will be made to contact me, however if I cannot be reached, I hereby consent and give my permission to the Ridge Church staff or any adult counselor acting on behalf of Ridge Church with respect to the Activity, as agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered either as an outpatient or in any hospital. To the best of my knowledge, I have listed below all my child's medical allergies, medications being taken, medical problems and other pertinent information.

Signed: _____ Date: _____ Medical Insurance? ___Yes ___No
(Parent or Guardian)

Insurance Company: _____ Policy number: _____

Medical Allergies, medications being taken, medical problems or other pertinent information: _____

_____ Date of last tetanus shot: _____

Doctor's name and phone number: _____

Parent Information: GENERAL RULES OF BEHAVIOR FOR ALL RIDGE STUDENT FUNCTIONS

At any time during a retreat, field trip, or local activity, if the leadership team feels that a student has demonstrated unacceptable or un-safe behavior, parents or guardians will be contacted immediately.

For general safety reasons we do ask that students avoid the following on all church related trips:

1. Alcohol consumption or possession
2. Drug use or possession (illegal or non-prescription drugs)
3. If they are disruptive to the program or participate in un-safe or potentially harmful activities against leader instructions

When you register your daughter or son for any Ridge Church function, you automatically assume responsibility for any transportation costs that may be incurred sending them home. In some instances you may be asked to pick up your daughter or son wherever the conference / retreat / activity is being held. We love your kids and we want them to have a good time during student activities, but these standards of behavior will be enforced for their safety and the well-being of the group. Thanks for the blessing and privilege of working with your teenagers!