



Roswell Presbyterian Youth Experience
Medical Consent and Waiver Form

Student Name: _____ Birth Date: _____

MEDICAL CONSENT FORM

In case of emergency, or at the request of a Roswell Presbyterian Church youth leader, my son/daughter may be given emergency treatment, or be taken to the hospital, doctor's office, or dentist. In the event that my child becomes ill or sustains any injury while on an authorized trip from Roswell Presbyterian Church, 755 Mimosa Blvd. Roswell, GA, 30075, I, the undersigned, give my permission to those in charge to take whatever steps necessary to administer needed first aid or medical treatment in the event that I cannot be reached by telephone. This consent will be kept on file until revoked by the parent or legal guardian.

Signed: _____ Date: _____
(Parent or Guardian)

I am granting permission for my son/daughter to participate in trips with Roswell Presbyterian Church. I acknowledge that if my son/daughter is caught with or under the influence of alcohol, illegal drugs, or any mind-altering substance, or engaged in sexual misconduct or uncontrollable behavior, he/she will be sent home at my expense. This consent shall be kept on file until revoked by the parent or legal guardian.

Signed: _____ Date: _____
(Parent or Guardian)

WAIVER

I, _____, residing at _____
(Student Name) (Home Address)

desire to participate in the Youth Activities by Roswell Presbyterian Church.

For and in consideration of my acceptance and participation in the events sponsored by the Roswell Presbyterian Church, I waive any and all claims for myself and my heirs, against Roswell Presbyterian Church, its agents and employees, for any injury or illness which may directly or indirectly result from my participation in the aforesaid events. The undersigned agrees that the student may be driven by an RPC approved driver 21 years or older. In addition the undersigned agrees that Roswell Presbyterian Church may publish any photography and/or video of his/her child.

I hereby assume the risk of any injuries that I may sustain in the pursuit of the activities associated with the said event and do hereby remise, release, and forever discharge Roswell Presbyterian Church, its employees, agents, and volunteers from any actions, suits, damages, claims or judgments that may result from any personal injury I may sustain while participating in the said events, or going to or coming from said events.

I CERTIFY THAT I HAVE READ AND UNDERSTAND THE FOREGOING WAIVER.

Student Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____
(if participant is under 18 years of age)

Emergency Information Sheet

Name: _____ Grade _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian(s): _____ Home Phone: _____

Father's Bus. Phone: _____ Mother's Bus. Phone: _____

Father's Cell Phone: _____ Mother's Cell Phone: _____

Date of Last Tetanus: _____

Emergency Contacts: (IF parent/guardian cannot be reached or contacted)

Friend/Relative: _____ Phone: _____

Family Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Health Insurance:

Insurance Company Name: _____

Policy Holder: _____

Policy Number: _____ Group Number: _____

List all drug or food allergies/sensitivities, special medical conditions, or daily medications that would be of concern for participation: _____

Please note: If allergies or asthma concerns are listed Parent/Guardian must complete an RPC Allergy CARE PLAN &/or Asthma CARE PLAN.

I hereby verify that the above information is accurate.

Signed: _____ Date: _____
(Parent or Guardian)