

PERMISSION/ MEDICAL RELEASE FORM

Riverton Friends Church

Student Name: _____ Grade: _____
Student Name: _____ Grade: _____
Student Name: _____ Grade: _____
Student Name: _____ Grade: _____

PARENT(S) or GUARDIAN(S) NAME: _____

ADDRESS: _____

CELL PHONE: _____

ALTERNATE PHONE: _____

EMAIL ADDRESS: _____

I give permission to photograph my child/ren for slideshow purposes. YES NO

I give permission for my above-named child/ren to participate in all Riverton Friends Church children's activities for the 2015 - 2016 school year.

I hereby release Riverton Friends Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader of this 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 at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

SIGNATURE: _____ DATE: _____

NAME: _____ PHONE: _____

Emergency person to contact (if you cannot be contacted)

ALLERGIES: _____

MEDICAL INFORMATION WE NEED TO KNOW: _____

MEDICAL INSURANCE: _____

MEMBER'S NAME: _____ MEMBER ID # _____