

RCC Medical Release/Liability Waiver/Insurance Form

August 1, 2009 through August 31, 2010

NAME: _____ PHONE: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____-____-_____

ADDRESS: _____

I give my permission for my child (named above) to go with *Rockingham Christian Church, Salem, NH*, on congregation sponsored activities. I release *Rockingham Christian Church*, and its staff and volunteer leaders, from responsibility and liability for any injury or illness that my child/children may sustain during these activities.

IN CASE OF EMERGENCY, I hereby authorize an adult leader of this activity, as an 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 or country where the services are rendered, either at a doctors office or in any hospital. I expect to be contacted as soon as possible and before hospitalization or surgery is administered (unless the injury or illness is life threatening).

Signature of parent/legal guardian: _____

Medical Information

Allergies to food: _____ to medications: _____
_____ to insect bites/stings: _____ to others (list): _____

Medications taken currently: _____

Date of last Tetanus Booster: _____ (must have been within the last 10 years)

Please *cross out* any medication you **do not** allow your child to have:

Pain Relievers (Tylenol/Acetaminophen, Ibuprofen, aspirin, other _____)

Allergy Medication (Benadryl, other antihistamines, other _____)

Cough Suppressants (_____)

Decongestants (Sudafed, other _____)

Anti-diarrhea Medications (Pepto Bismol, Immodium, other _____)

Other over the counter medications _____

Physical limitations/Current health conditions: _____

Physician's Name: _____

Address: _____

Telephone Number: _____

PLEASE ATTACH PHOTOCOPY OF INSURANCE CARD

Insurance Company: _____

Name of Insured: _____

Policy #: _____ Group #: _____ Phone #: _____

Emergency Contact Information

Print name of parent/legal guardian: _____

Phone #s of parent/legal guardian: Home _____ Work _____ Cell _____

Names of other emergency contact person(s) and phone number(s):

1st _____ Phone Number(s): _____

2nd _____ Phone Number(s): _____

3rd _____ Phone Number(s): _____