

2010 RIDGESTUDENTS Medical Release Form

name _____
address _____
_____ phone (h) _____
_____ phone (m) _____
primary email _____
social security number _____
parents' names _____
school _____
guest of _____
roommate preference _____
shirt size _____

Any violation of the **RIDGESTUDENTS** event rules listed below will result in the student being sent home at the family's expense and suspended from traveling or attending youth events for one year. No use or possession of any illegal substance, alcohol, any form of tobacco, weapon, fire arm or explosive. The **RIDGESTUDENTS** staff and volunteer leaders reserve the right to inspect any student's personal belongings during a youth event. No student may be in the room of the opposite sex without an adult sponsor's approval and presence. No blatant repeated acts of disrespect for adult supervision or violation of agreed upon youth event rules. I understand and agree with the Rules Policy described above. My child also has permission to participate in all activities at this **RIDGESTUDENTS** ministry event.

parent/guardian signature _____
student signature _____
date _____

Is the student currently taking any medication? ____
please list the name and dosage for each medication:
medication _____
dosage _____ time _____
medication _____
dosage _____ time _____
medication _____
dosage _____ time _____
please bring all current medications in a zip-lock bag with name and dosage information attached.

does the student have any physical limitations? ____
if so, please list on back.

does the student have any allergies? _____
if so, please list on back

does the student have any allergies to medication? ____
if so, please list on back

family physician _____
phone: _____

in an emergency contact: _____
phone: _____

in an emergency contact: _____
phone: _____

insurance company _____
policy number _____
phone _____

Being the legal guardian of _____,
I hereby release, indemnify, and hold harmless The Ridge, including staff and volunteers, from any and all claims, physical and emotional, including bodily injury that may have or that may be sustained in connection with attending this event and with participation in any and/or all activities; and give my permission to The Ridge, its staff and volunteers to provide medical treatment that may deemed necessary to insure the well being of the named student.

parent signature _____ date _____