

**Rolling Hills Presbyterian Church**  
**9300 Nall Overland Park, KS 66207**  
**913-642-9100 Fax 913-642-1932**

**RHPC Medical Release Form**  
**August 31, 2015 through Aug 31, 2016**

My child, \_\_\_\_\_, has my permission to  
(participant' s full name here)  
take part in field trips, lock-ins, retreats, camping trips, ski trips, service trips, or  
any other excursions under appropriate supervision of representatives of Rolling  
Hills Presbyterian Church.

\_\_\_\_\_  
(Parent/Guardian names) (home phone) (cell phone[s])  
\_\_\_\_\_  
(home address) (city, state, zip)

**Medical Information and History (for participant)**

\_\_\_\_\_  
(Physician Name) (Physician Number)  
Current medications and dosages \_\_\_\_\_

Allergies \_\_\_\_\_  
Physical Restrictions \_\_\_\_\_  
Additional Restrictions or recent illness \_\_\_\_\_  
DOB \_\_\_\_\_ Date of Last Tetanus shot \_\_\_\_\_ SS# \_\_\_\_\_  
Dietary Restrictions (ie...vegetarian, gluten intolerant, etc) \_\_\_\_\_

Emergency contact \_\_\_\_\_  
(Name and relation to the participant) (phone[s])

**ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD** \_\_\_\_\_  
(Initial when complete)

Please initial here if RHPC is allowed to use your child's photo or video in RHPC publications (website, Spire, etc) \_\_\_\_\_

**Authorization for Emergency Medical Treatment and Release of Liability**

I, \_\_\_\_\_, hereby authorize a representative of Rolling Hills  
Presbyterian Church to give consent for medical treatment of my child, \_\_\_\_\_,  
in the event of illness or injury. I further release RHPC, its employees, and its volunteers from  
any liability in the event of any accident en route, during, or returning from any church events  
and/or trips. In case of emergency, I understand that every effort will be made to contact me as a  
parent or guardian. In the event that I cannot be reached, I hereby give permission to the  
physician or medical professionals selected by the church representative to hospitalize, secure  
proper treatment for, and to order injection, anesthesia, or surgery for my child. Furthermore, I  
understand that my child can be sent home by my expense for any reason deemed appropriate  
by RHPC representatives.

\_\_\_\_\_  
(Signature of parent of guardian) (date)

\_\_\_\_\_  
(Notary Signature) Notary Stamp: