

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: