



2015 Parental Consent & Medical Release Form

As the parent or legal guardian of _____ (student's name), I hereby give my permission to participate fully in the activities of the Ripley Church of Christ for the year 2015.

Medical Release

I, _____ (parent or guardian name) do hereby grant **Ryan Strouse, Youth Minister at Ripley Church of Christ and/or any adult that is acting under the authority of the Youth Ministry** the right to authorize emergency medical treatment for my son/daughter, mentioned above. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of **Ryan Strouse, Youth Minister at Ripley Church of Christ and/or any adult that is acting under the authority of the Youth Ministry** to exercise his/their best judgment on what is advisable for my son/daughter's care, upon the advice of such physician, dentist, and surgeon.

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation. The participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its Representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Student's Allergies:

Current Medications:

In case of emergency contact: _____

Phone #: _____ Relationship: _____

Medical/Health Insurance Co.:

Insurance Policy #:

Parent's/Guardian's Signature: _____ Date Signed: ____/____/____