

Full Year Permission*Medical Consent*Liability Release Form

The Rock Church Youth Events 2023-2024

Student Name _____ DOB: ____ / ____ / ____ 2023-2024 Grade ____

Address _____ City _____ State _____ Zip _____

School _____ Cell: _____

Parent/Guardian Name: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____ Text? Y / N

Relationship to Student: _____

Parent/Guardian Name _____ Email: _____

Primary Phone: _____ Secondary Phone: _____ Text? Y / N

Relationship to Student: _____

Family Doctor _____ Doctor Phone _____

Insurance Company _____ Policy/Group # _____

I give consent for _____ (name of minor) to attend any Rock Youth Ministry events being sponsored by The Rock Church from August 31, 2023 through August 31, 2024. Activities include but are not limited to cookouts, boating, skateboarding, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, mini golf, caving, hayrides, summer camps, and missions trips. This consent form gives The Rock Church permission to seek whatever medical attention is deemed necessary in the event the student is injured and requires the attention of a doctor. The parent/guardian consents to any reasonable medical treatment deemed necessary by a licensed medical professional. In the event treatment is required from a medical professional designated by The Rock Church, the parent/guardian agrees to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such care. The parent/guardian also acknowledges that they will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, the parent/guardian affirms that the health insurance provided above is accurate and up to date and will to the best of knowledge still be in force for the named student. The parent/guardian also agrees to bring the student home at their own expense should the student become ill or if deemed necessary by The Rock Church staff. I give full permission for my student to travel with the planned and approved source of transportation that The Rock Church provides to any and all events or activities. The undersigned parent/guardian has legal custody of the named student, a minor, and has given consent for him/her to attend events being organized by The Rock Church. It is understood that there are inherent risks involved in any ministry or athletic event and hereby releases The Rock Church, its pastors, employees, agents, and volunteers from any and all liability for any injury, loss, or damage to personal property that may occur during the course of the student's involvement.

IMPORTANT! PLEASE READ: I also acknowledge and give permission that photo and videos of my student may be chosen for display at church or via public media for promotion of Rock Church programs/events. Please check here if you choose to opt out: _____

I understand that this is a year-long permission slip and may request its removal at any time of my choosing.

Parent/Guardian Signature _____ Printed Name _____

Date _____

Dispensing of Non-prescription Medication & Medication Instructions at The Rock Church Youth Events 2023-2024

Medical Conditions: _____

Allergies: _____

Prescription Medications:

1. _____ for _____

Dosage: _____

2. _____ for _____

Dosage: _____

3. _____ for _____

Dosage: _____

Please check appropriate box for Non-prescription:

- ☐ All non-prescription medications
☐ All non-prescription medications except the following:

- ☐ Only the following non-prescription medications:

I give consent for _____ (name of minor) to be given *non-prescription medication during any Rock Youth Ministries event or trip sponsored by The Rock Church from August 31, 2023 through August 31, 2024. In the event that he/she is sick/injured while under the care of Rock Youth Ministries and its representatives, I hereby consent to and will be responsible for any reasonable non-prescription medication as deemed helpful by a staff or lay leader. I further agree to hold The Rock Church and its representatives free and harmless of any claims, demands, or suits for damages arising for the authorization and provision of such medication. I understand that students are not permitted to self-medicate at Rock Youth events and trips.

(*Note: “Advil” = ibuprofen, “Tylenol” = Acetaminophen, Pepto-Bismol, etc.)

Parent/Guardian Signature _____ Printed Name _____

Date _____

PLEASE FILL OUT 1st PAGE (OVER)