

**River Oaks Community Church  
Youth Medical Form and Consent for Trip**

(Please print)

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Youth Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_  
Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
Health Problems: \_\_\_\_\_  
Daily Medicines: \_\_\_\_\_  
Medicine Allergies: \_\_\_\_\_  
Food Allergies: \_\_\_\_\_ Bee Sting or Other Allergies: \_\_\_\_\_ Last Tetanus Shot: \_\_\_\_\_

Does the student have any special medical needs we need to know about?

Parent/Guardian Name: \_\_\_\_\_  
Home #: ( \_\_\_\_\_ ) \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
Home #: ( \_\_\_\_\_ ) \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

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My Child \_\_\_\_\_ has my permission to attend any River Oaks Community Church Youth trips or activities during the 2016/2017 School Year. I acknowledge that participation in these activities involves risk to the participants and may result in injury. I hereby release and promise to indemnify, defend and hold harmless River Oaks Community Church, any youth leaders who are associated with the activities, and any other volunteers associated with these events from all liability should any injury occur directly or indirectly out of any activities or transportation to or from any activities in which my child participates.

**Sign:** \_\_\_\_\_

In consideration for the opportunity to participate in these trips or activities, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risk of injury associated with participation in and transportation to and from the event. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the event, as well as for any medical treatment rendered to the participant that is authorized by the Adult Chaperones. I give my permission for the Adult Chaperones to administer minor first aid to my child should the need arise. This may include the use of over-the-counter medicines, including: Tylenol or Advil for minor fever/aches/pains; Sudafed for congestion; Benadryl for allergies/rash; Robitussin DM and/or cough drops for coughs; Dramamine for motion sickness or nausea; Visine eye drops for eye redness/irritation; Imodium for diarrhea. I have crossed out any of the medicines that I do not want given to my child. I also give my permission for the Adult Chaperones to use their judgement should my child need urgent medical care. I expect the Adult Chaperones to attempt to contact me before my child is taken to an Urgent Care Facility or Emergency Department, unless there is a life threatening situation, then I expect to be contacted as soon as possible. I hereby authorize the Adult Chaperone to sign for my child's medical treatment should the need arise. I understand that I am ultimately responsible for all medical expenses incurred.

**Sign:** \_\_\_\_\_

I also give my permission for pictures/video to be taken of my child on this trip and to be used on church publication sites like FaceBook, Instagram, Twitter, riveroakchurch.org, etc.

**Sign:** \_\_\_\_\_

I agree with the above, and hereby give my consent for this trip.

**Parent/Guardian Signature for above:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use only – Reviewed by: \_\_\_\_\_