

HEALTH HISTORY

The following information must be filled in by the parent/guardian. The intent of this information is to provide the trip staff the background to administer appropriate care. Please provide complete information so that the trip staff can be aware of your child's needs.

MEDICAL INFORMATION

INS. CO. _____ GROUP # _____ POLICY/ID # _____

PHYSICIAN NAME _____ PHYSICIAN PHONE _____

DATE OF LAST TETANUS _____ ___ UNSURE OF EXACT DATE ___ ALL IMMUNIZATIONS ARE CURRENT

MEDICATION ALLERGIES DESCRIBE REACTION AND MANAGEMENT OF REACTION

FOOD ALLERGIES DESCRIBE REACTION AND MANAGEMENT OF REACTION

***Since most of our meals are included we can not accommodate special dietary needs.**

OTHER ALLERGIES DESCRIBE REACTION AND MANAGEMENT OF REACTION

THIS PERSON TAKES MEDICATION AS FOLLOWS THIS PERSON TAKES NO MEDICATIONS ON A ROUTINE BASIS

MED 1 _____ DOSAGE _____ TAKEN: __BREAKFAST __LUNCH __DINNER __BEDTIME

REASON FOR TAKING _____

MED 2 _____ DOSAGE _____ TAKEN: __BREAKFAST __LUNCH __DINNER __BEDTIME

REASON FOR TAKING _____

MED 3 _____ DOSAGE _____ TAKEN: __BREAKFAST __LUNCH __DINNER __BEDTIME

REASON FOR TAKING _____

****All medication must be in original packaging/bottle that identifies prescribing physician, name of the medication, and the dosage and frequency of administration.**

I give permission for the staff to administer the following medication to my child when necessary

Tylenol (Acetaminophen) Advil (Ibuprofen) Benadryl (Diphenhydramine)

BED WETTING: YES/NO **BED WETTING PRECAUTIONS** _____

RESTRICTIONS: Explain any physical restrictions to activities (what cannot be done, what adaptations or limitations are necessary)

2013 RCC KIDS' SUMMER SPIRITUAL JOURNEY

REGISTRATION FORM

STUDENT NAME _____ STUDENT DOB _____ GRADE COMPLETED _____

PARENT S/GUARDIAN NAME (S) _____

PARENT CELL PHONES _____ / _____

STUDENT ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

EMAIL _____

OTHER EMERGENCY CONTACT

NAME _____ PHONE _____ RELATIONSHIP _____

NAME _____ PHONE _____ RELATIONSHIP _____

PAYMENT

_____ \$100 NON-REFUNDABLE* DEPOSIT **DUE SUNDAY, APRIL 28** _____ \$200 TRIP PAYMENT IN FULL**

*Due to the nature of this trip, the tickets need to be purchased well in advance for all of the activities therefore the church can not offer a refund on your deposit. ** Cancellations made *after July 14th* will not be refunded for any reasons.

PARENTAL CONSENT, FINANCIAL AND MEDICAL AUTHORIZATION

This application and medical information is correct and complete as far as I know. The person herein named has permission to engage in all RCC Kids' Summer Spiritual Journey activities except as noted. I hereby give permission to the trip staff to provide, seek and consent to routine healthcare, administration of prescribed medications and emergency treatment for my child, as may be necessary, including but not limited to, x-rays, routine tests and treatment and/or hospitalization. I agree to release any records necessary for treatment, referral, billing or insurance purposes. It is my intention that the staff be treated as acting in *loco parentis* if the person herein named is a minor. Further it is my intention that the appropriate representatives of the trip staff be treated as "personal representatives" for the purpose of disclosing information pursuant to the privacy regulations promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996. I also consent to photographs and/or video images of the above camper for use within the scope of Riverside Community Church's advertisements and brochures.

I acknowledge that participation in the activity named above involves risk to the participant (and to the participant's parents/guardians, if the participant is a minor), and may result in various types of injury including , but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. In consideration for the opportunity to participate in the activity mentioned above (the "activity") the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation. The participant (parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity, as well as for any medical treatment rendered to the participant that is authorized by the sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "activity sponsor"). Further, the participant (parent/guardian) release and promises to indemnify, defend and hold harmless the activity sponsor for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the activity sponsor, the participant or otherwise.

By signing this I agree to all of the above terms regarding the payment of the 2013 RCC Kids' Summer Spiritual Journey. There will be no refund of deposit (\$100). Cancellations made after July 14th will receive no refunds of any money.

Parent/Guardian Signature: _____

Printed Name: _____

DATE: _____