

# Ridgeview Mennonite Youth Health and Participation Release Form

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Date \_\_\_\_\_

NAME OF YOUTH \_\_\_\_\_ AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT(S)/LEGAL GUARDIAN \_\_\_\_\_

ADDRESS (INCLUDE STREET NAME) \_\_\_\_\_

PHONE NUMBERS--HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

PARENTS' WORK ADDRESSES (INCLUDE STREET NAME) \_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACTS

1. NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

MEDICATIONS \_\_\_\_\_ ALLERGIES \_\_\_\_\_

OTHER MEDICAL CONDITIONS \_\_\_\_\_

\_\_\_\_\_

**MEDICAL RELEASE:** *By signing this release form, I hereby give permission for any and all necessary medical attention to be administered to my child, \_\_\_\_\_, in an emergency such as an accident, injury, illness, or other while said student is under the direct care of the Ridgeview Mennonite Youth leaders until such time as I may be contacted. I release Ridgeview, its staff and volunteers from responsibility in the event of accident, illness, or injury.*

**Signed** \_\_\_\_\_ **Relationship** \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ GROUP NUMBER \_\_\_\_\_

**PARTICIPATION RELEASE:** *I give my student permission to participate in activities with Ridgeview Mennonite Youth.*

**Signature** \_\_\_\_\_ **Relationship** \_\_\_\_\_