



RADIANT LIFE CHURCH

Medical Information – Emergency Medical Authorization

Ministries student is in at RLC:

PERSONAL

Name _____

Date of Birth ____/____/____ Grade _____ School _____

Street Address _____

City, ST, Zip _____

Parent/Guardian _____

Street Address _____

City, ST, Zip _____

Home Phone (____)____-____ Work Phone (____)____-____

In Case of Emergency, please notify:

Phone (____)____-____

Are there any restrictions as to someone picking up your child? If so, who?

INSURANCE (In case of medical treatment, and/or expense, your personal coverage will be the primary carrier.)

Covered by insurance? Yes No

Primary Insurance Company? _____ Policy # _____

Kind of Policy: Group Individual

HEALTH

Family Physician _____ Phone (____)____-____

Preferred Hospital _____

Past Medical History (Please be brief. List any injuries, current medications, etc.)

Any medication allergies? (Please list)

Any general allergies? (Please list)

Last tetanus vaccination (date): ____/____/____ Up to date on other vaccinations? _____

FOR EVENTS: ALL PRESCRIPTION DRUGS MUST BE BROUGHT IN THE ORIGINAL CONTAINERS WITH MEDICAL ORDERS AND PHYSICIANS NAME INTACT. OTHERS ARE UNACCEPTABLE.

AUTHORIZATION RELEASE/DISCIPLINARY CLAUSE FOR PARENT/GUARDIAN OF MINORS:

- I do hereby state that I have legal custody of this child, a minor, who resides with me. While this minor is under the care of Radiant Life Church, I hereby authorize any pastor, director, or other responsible person of said church to consent to any X-ray, examination, anesthetic, medical or surgical treatment, and hospital care, to be rendered to this minor under the general or special supervision and on the advise of any physician or surgeon licensed to practice in the state of Ohio, when such medical or surgical treatment is necessary. I am aware that the administration on non-prescription medications (Tylenol, anti-acids, etc.) may be necessary. I willfully consent for my child to receive these if deemed necessary.
- I do hereby give permission for Radiant Life Church and its approved leadership to transport this child to and from church events and retreats.
- No fireworks, smoking, drugs, drinking of alcoholic beverages, weapons of any sort, or profanity is allowed on our church property or taken to an event held elsewhere. We reserve the right to inspect the contents of all personal belongings at any time. The confiscation and/or disposal of improper contents is up to the discretion of the Radiant Life Church Staff and Leadership Board.
- I understand that any pictures taken while attending Radiant Life Church or an event with said church will become the property of Radiant Life Church and may be used for promotional purposes.

Parent/Guardian or Adult Signature _____ Date ____/____/____

THIS MEDICAL FORM IS VALID FROM JUNE 1, 2022 – MAY 31, 2023