

Rhema Christian Center

Consent Form

TO BE COMPLETED BY PARENT/GUARDIAN:

I hereby grant permission for _____ to participate in the following activity: _____
Date(s) of activity: _____ Location: _____.

Parent/ Guardian Name: _____
Address: _____
Home/Work/Cell Phone: _____

I understand that, in the event my child requires medical or dental treatment while engaged in a RCC activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the medical professional selected by RCC to treat my son/daughter, including emergency transport and hospitalization if needed. I accept responsibility for payment of expenses incurred as a result of medical treatment.

Signature _____ Phone _____ Date _____

SPECIAL MEDICAL PROBLEMS AND/OR ALLERGIES:
(Please list any medicines and/or allergies below.)

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____

Insurance Company Phone _____