

Reedwood Friends Church

2901 SE Steele Street

Portland, OR 97202

503-234-5017

Please complete.

NAME OF STUDENT _____ DATE _____

The above child has permission to engage in all prescribed Reedwood Youth activities from September 1, 2005 through August 31, 2006, except as noted by me.

I certify that I am the parent or have the legal ability to sign this authorization on behalf of the child named above.

In the event of illness or accident, I hereby authorize Reedwood Friends Church to act for me in my behalf as the parent or other person having the legal authority to act for the child named above in the securing of medical treatment. In the event of an emergency, I hereby give permission to the physician selected by Reedwood Friends Church to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the child named. I understand that every attempt will be made to contact me prior to any action being taken.

I further understand that all medical bills will be sent to me for payment or for forwarding to my insurance company.

Authorized Signature _____ Relationship _____ Date _____

Authorized Signature _____ Relationship _____ Date _____

1. Medical Insurance Coverage

Name of Insurance

Company _____

Policy Number _____

Address _____

2. Accident Insurance (if different from above)

Name of Insurance

Company _____

Policy Number _____

Address _____

3. Dental Insurance (if different from above)

Name of Insurance

Company _____

Policy Number _____

Address _____

Parent's place of employment under which insurance is covered:

Preferred Medical Facilities:

Reedwood Friends Church Student Medical Form

NAME _____ Birthdate _____ Sex ____ Age _____

Parent / Guardian _____

Home Phone _____ Work Phone _____

Cell Phone _____

Home Address _____

If not available in an emergency, notify:

1. Name _____ Phones _____

Address _____

2. Name _____ Phones _____

Address _____

Health History:

Current Prescription Medications (Please list all) _____

Over the counter medications being used (Please list all) _____

It is our preference that all medication be placed in the hands of an adult that will be with the group and be administered by that adult for the safety of all.

IT IS OF GREAT CONCERN THAT MEDICATIONS, BOTH PRESCRIBED AND OVER THE COUNTER, NOT BE SHARED WITH OTHERS!

Operations or Serious Injuries (dates)

Chronic or Recurring
Illnesses _____

Allergies _____

Allergies to medications or insect
stings _____

Special diet _____

Activity restriction?

Other information of importance to the leaders:

Reedwood Friends Church relies on this form and cannot be held responsible for missing, inaccurate or incomplete information. It is the responsibility of the responsible person signing below to notify Reedwood Friends Church of any change of information herein provided. "Change of Information" forms are available and are to be filled out and returned (originals please) to: Reedwood Friends Church, 2901 S.E. Steele St., Portland, OR 97202, Attention: Josh Kaiser. If there is a legal requirement for more than one signature on this and the "change" form it is the responsibility of the authorized individuals to make sure that all signers have signed.

Authorized Signature _____ Relationship _____ Date _____

Authorized Signature _____ Relationship _____ Date _____

The undersigned student has read, understood and agrees to all information included in this form above.

Student Signature _____ Date _____

Form dated July 2005