

Restoration Initiative/Fleurish Industries/ Mosaic Ministries Child/Student Permission & Release Form

For your child's protection, we ask every parent/guardian to submit a form each year for each child. This form covers overnight trips as well as Restoration Initiative for Culture and Community as well as all Mosaic Ministries sites, so not all questions may apply to your situation, but please fill it out as completely as possible to ensure we can provide the best care for you child/student in case of an emergency. Children/students will not be allowed to attend any day camp, overnight, or off campus events without a completed form on file for the current year.

STUDENT INFORMATION

Last Name _____ First _____ M _____
 Birthday ____ / ____ / ____ Age ____ M or F ____ School _____

CONTACT INFORMATION

Street Address _____
 City _____ State _____ Zip _____
 Father/Guardian _____ Hm phone _____ Cell _____
 Address if different _____ Email _____
 Mother/Guardian _____ Hm phone _____ Cell _____
 Address if different _____ Email _____

EMERGENCY CONTACT AND WHO CAN PICK YOU STUDENT UP

Emergency Contact _____ Phone _____
 Relationship to student _____
 Emergency Contact _____ Phone _____
 Relationship to student _____

My student is allowed to walk or take public transportation home before sunset. ___Y or ___N

Guardian Signature _____ Date _____

HEALTH HISTORY Concerns for your student; Circle all that apply; attach additional information if necessary

Frequent ear infections	Bleeding/clotting	Whooping Cough	Allergies	Subject to...
Frequent cold/sore throat	Hypertension	Tuberculosis	Hay fever	Sleep walking
Sinusitis/Bronchitis	Stomach Problems	Diabetes	Poison Ivy/oak	Fainting
Strep throat	Chicken Pox	Polio	Insect stings	Bedwetting
Mononucleosis	Measles	Asthma	Penicillin	Constipation
Heart Defect/Disease	Mumps	Arthritis	Aspirin	Other
Epilepsy	German Measles		Food	

Please describe any food allergies or other health concerns below. _____

Operations; serious injuries _____

Immunizations up to date, if no explain _____

Date of Last Tetanus _____ Date of last TB skin test _____

Activity limitations i.e. Swimming and running _____

List any medications or drugs taken regularly _____

Can your child take Tylenol _____ Do they wear contact lenses? _____

Permission and Release

As the parent or legal guardian, I the undersigned, certify that my child, _____, has my expressed permission to participate in all activities of any nature sponsored by Restoration Initiative for Culture and Community (RICC) and/or Mosaic Ministries (MM) for the calendar year of 2019. I fully release RICC and MM, their authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted, in our behalf against said organizations, representatives, or staff.

Health History: The Health information on this form is correct to the best of my knowledge. I will notify RICC and/or MM if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for camp, RICC, or MM leaders to restrict my child from participation in any activity, which they have any questions about for health or other reasons.

Emergency Authorization: I hereby give permission to the medical personnel selected by RICC or MM's designated nurse, staff or leaders to order such X-rays, routine tests, and treatment for my child as he or she may deem necessary. In the event of an emergency and I cannot be reached, I hereby give permission to the physician or other healthcare professional selected by RICC or CSC designated nurse, staff, or leader to hospitalize, secure proper treatment, order injections, and/or anesthesia and/or surgery for my child as named in this document. I further authorize the release of the listed medical information to appropriate medical personnel and/or health coverage insurance company. I will pay for any medical expenses incurred.

Photo Release: I hereby grant permission for RICC and or MM, staff and authorized volunteers, to take photographs and/or video of my child while participating in their programs or events, and to publish the same in print, electronic and or broadcast media, for promotional and informational purposes. _____(Initial)

-or-

I request that my child's image not be published. I understand that my child may have to be removed temporarily from some activities or events where group photos or videos are being taken. I understand that some events broadcasted through digital media may inadvertently include his or her image without identification as part of a group. _____(Initial)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

To be completed only if Guardian has listed activities to be restricted on opposite side of form

I, _____, understand and agree to abide by the restrictions placed on my activities by my parent/guardian.

Signature of Child/Youth Participant

Date