<b>RADIANT I</b>	LIFE CHURCH
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	Medical	Information	<ul><li>Emergency</li></ul>	<b>Medical</b>	Autho	orizatio
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Ministrie	s studen	t is in at I	RLC:

ONAL								
0.17.L								
Name								
Date of Birth	/_	/	Grade	_ School				
Street Address								
City, ST, Zip								
Parent/Guardian								
Street Address								
City, ST, Zip								
Home Phone	(	_)	<u>-</u>	Work Phone	(	)_		
In Case of Emerger	cy, please no	otify:						
				Phone	(	)		
Are there any restri	ctions as to s	someone r	ickina un vour c	hild? If so who?				
RANCE (In case of me	dical treatme	ent, and/or	expense, your p	ersonal coverage	e will be	the pri	mary c	arrier.)
Covered by insuran	ce?	Yes	☐ No					·
Covered by insuran Primary Insurance	ce? Company?	Yes	□ No			the pri		·
Covered by insuran Primary Insurance Kind of Policy:	ce? Company?	Yes	☐ No					·
Covered by insuran Primary Insurance Kind of Policy: TH	ce?  Company?	Yes Group	No No Individual	P	olicy #			·
Covered by insuran Primary Insurance Kind of Policy: TH Family Physician	ce?  Company?	Yes Group	□ No	P				·
Covered by insuran Primary Insurance Kind of Policy: TH Family Physician Preferred Hospital	ce?  Company?	] Yes	☐ No ☐ Individual	P	Policy #			·
Covered by insuran Primary Insurance Kind of Policy: TH Family Physician	ce?  Company?	] Yes	☐ No ☐ Individual	P	Policy #			
Covered by insuran Primary Insurance Kind of Policy: TH Family Physician Preferred Hospital	ce? Company?	Yes Group brief. List	☐ No ☐ Individual	P	Policy #			
Covered by insuran Primary Insurance Kind of Policy:  TH  Family Physician Preferred Hospital Past Medical Histo	ce? Company?  ry (Please be ergies? (Please	Yes Group brief. List	☐ No ☐ Individual	P	Policy #			·

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

## <u>AUTHORIZATION RELEASE/DISCIPLINARY CLAUSE FOR PARENT/GUARDIAN OF MINORS:</u>

- I do herby 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.