

EMERGENCY PERMISSION & HEALTH FORM



I hereby give my permission for River of Life counselors to seek medical help for _____ in any situation they deem to merit such help. I also give permission for medical and emergency response personnel, in my absence, to administer any treatment, including surgery, that they deem to be necessary during the time my child is en route to and from, and/or participating in, the River of Life event to be held at Lincolnton Methodist Church and the River of Life designated work sites on June 4-8, 2025.

1. Is the youth named above covered under hospitalization insurance? ____ Yes ____ No (if no, skip to #5)
2. Does the youth have an insurance card? ____ Yes ____ No
3. Insurance Company Name _____

Policy Number _____

4. Name of the Primary Carrier of the policy (e.g. *mom, dad, guardian*) _____

*****Please attach a copy of the insurance card*****

5. Name of Family Physician _____

Phone Number _____

6. Student's Blood Type _____

7. Emergency Contacts

Primary Contact	Alternate Contact
Name	Name
Phone #	Phone #

8. List any allergies to medications, foods, insect stings, etc. _____

9. List any medications your child takes routinely: _____

10. List any medical conditions that are relevant to your child's participation in River of Life:

My child has my permission to be assigned to a work team that will paint, build & repair porches/ramps, and do other home repairs & improvements. *(Any type of work I have not approved has already been so noted on my child's Registration Form.)* I will not hold River of Life, its directors, coordinator, host churches, participating churches, or counselors for any injuries incurred by my child. I will not allow my child to drive during the event. If they have their own vehicle present, I understand that their keys will be submitted to the director for safe keeping upon registration.

Signature of Parent/Guardian: _____ **Date:** _____

This permission slip must be signed by a parent or guardian in order for a minor to attend a River of Life event.

Email completed forms to: churchoffice@lincolntonmethodist.org ; drop off at Lincolnton Methodist Administrative Offices, or mail to Chuck & Leigh Beggs, 166 Perryman Ave, Lincolnton GA 30817