



# River Ridge Environmental Education Program and The John Knox Center STUDENT Medical Release Form

All fields must be completed for participation

NAME OF GROUP/SCHOOL: \_\_\_\_\_

Student's Last Name      First Name      Middle Initial      Age       Male       Female

Student's Date of Birth (MM/DD/YYYY)      Height      Weight

Student's Home Address      (\_\_\_\_\_)      Home Phone Number

City      State      Zip Code

Parent and Guardian Name(s) \_\_\_\_\_

Mailing Address (if differs from above) \_\_\_\_\_

Home Phone (\_\_\_\_\_)      Work Phone (\_\_\_\_\_)      Cell (\_\_\_\_\_) \_\_\_\_\_

Other Emergency Contact Person \_\_\_\_\_

Home Phone (\_\_\_\_\_)      Work Phone (\_\_\_\_\_)      Cell (\_\_\_\_\_) \_\_\_\_\_

Name of Parent's/Student's Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_


**Allergies & Intolerances:** Please list all of your student's allergies (to medications, insects, food, etc) and explain:

**Medications:** List all *prescription* medications your student is currently taking and explain (see dispensation policy on the back):

State the *non-prescription* medication your school's personnel may have permission to give your student (i.e. Sudafed, Tylenol, Ibuprofen, Benadryl, etc.)

**Medical and Behavioral Conditions:** Please include all conditions such as diabetes, heart conditions, asthma, ADD, EBD, etc. Also include treatments such as casts, splints, etc. applicable at the time the student will be at The John Knox Center and River Ridge EEP.

**Activity Level:** Are you able to participate in strenuous activities? \_\_\_\_\_ Yes      \_\_\_\_\_ No      Explain:

**Please Read Authorization & Release Statement on Back** 

**X** \_\_\_\_\_      \_\_\_\_\_  
Parent/ Guardian Signature      Date

NOTE: Failure to sign this form will prohibit your child from participating in all River Ridge EEP/John Knox Center activities. The John Knox Center and River Ridge EEP are accredited by the American Camp Association. All medical information is kept confidential and all medical forms are kept for a period of two years. You are invited to request more information about John Knox Center/River Ridge EEP programs, facilities, and policies at any time.

\_\_\_\_ Yes, I would like to receive periodic updates about River Ridge EEP and the John Knox Center events and programs.

    Email Address: \_\_\_\_\_

\_\_\_\_ No, I do not wish to receive any information about River Ridge EEP and the John Knox Center.

\_\_\_\_ I deny River Ridge EEP and the John Knox Center permission to take pictures of my student.

# MEDICAL AUTHORIZATION AND RELEASE STATEMENT

## Agreement, Indemnification, and Assumption of Risk

### The Presbytery of East Tennessee/John Knox Center and River Ridge Insurance Coverage:

The John Knox Center and the River Ridge Environmental Education Program covers every person who attends our programming under a secondary insurance policy with National Casualty Company. Please read the following policy.

#### **Medical Expense Benefits:**

If as a result of injury or sickness, an insured incurs covered expenses starting within 90 days from the date of the accident causing the injury or the date the sickness begins, we will pay, up to the maximum benefit, all covered expenses incurred within 3 years from such dates. Maximum benefit is \$5000 for accidents and \$1,500 for sickness. Covered expenses mean the reasonable and customary charges for local professional ambulance service to or from a hospital and/or surgery center as well as the following reasonable and customary charges for treatment, services, supplies provided or prescribed by a doctor:

1. hospital or surgical center care
2. medical treatment (including a second opinion)
3. nursing care provided by licensed nurse
4. X-rays and lab exams
5. prescription drugs and therapeutic services and supplies
6. dental treatment as a result of injury to sound, natural teeth
7. The following licensed home health care agency services and supplies provided instead of an otherwise required hospital or skilled nursing home confinement: (a) physical, occupational, respiratory, and speech therapy, (b) the services of a home health aid, and (c) medical supplies

#### **Specific Loss**

If, as a result of injury, an insured suffers a specific (total, permanent, and irrecoverable) loss within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum of \$5000 for any each accident, a benefit based on the face amount which applies to the insured as specified below. (50,000 overall maximum.)

For the loss of each arm or each leg - 75% of the face amount

For the loss of each hand, foot, or eye, or for the loss of speech - 50% of the face amount

For the loss of hearing of each ear or thumb and index finger of the same hand - 25% of the face amount

#### **Accidental Death**

Death - if as a result of injury, an insured dies within one year from the date of the accident causing the injury, we will pay, subject to the overall maximum for any one accident, a death benefit of \$5000 which applies less any specific loss benefit paid because of the same accident.

#### **This policy does not cover the following:**

We will not pay benefits for, covered expenses to the extent they are collectible under:

1. another insurance contract or prepayment plan
2. a trusted, union, employer, or employee benefit plan
3. Worker's Compensation (or a similar occupational law) or
4. a government plan (except Medicaid and other public assistance plans), including one set forth by statute (such as Medicare).

### **By signing the front of this form, I agree to the following.....**

I, as a parent or guardian of the named minor (hereinafter referred to as "minor"), hereby give my permission for my child or ward to participate in all John Knox Center/River Ridge EEP activities and further agree to the terms herein contained. In consideration of the minor being permitted by River Ridge EEP/John Knox Center (hereinafter collectively referred to as RREEP/JKC) to participate in its activities and to use its equipment and facilities, I agree to indemnify and hold harmless RREEP/JKC for any and all claims, demands, or causes of action which are brought by myself, and/or the minor and/or on behalf of the minor against RREEP/JKC, and which are in any way connected with such use or participation by minor. In the event that I file a lawsuit against RREEP/JKC, I agree to do so solely in the state of Tennessee, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

I acknowledge that my child's participation in individual and group initiatives, problem solving exercises and personal growth and development training activities entails known and unanticipated risks that could result in physical or emotional injury, or death to my child, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

**I also agree to direct my student to comply with all RREEP/JKC rules and policies and to cooperate with RREEP/JKC personnel. I understand and agree that if the student fails to comply with the rules and policies, she/he may be expelled from RREEP/JKC and sent home at my, the parent or legal guardian's, expense.**

I hereby represent that the minor is in good health, that I have identified all medical conditions associated with the minor, and that I have adequately informed RREEP/JKC personnel of any special instructions regarding the minor. I certify that I have adequate insurance to cover any injury or damage the minor may suffer while participating, or else I agree to bear the costs of such injury or damage myself.

I acknowledge that the student's medical conditions stated on this form are complete and correct. I authorize RREEP/JKC personnel to call for medical care for the minor or to transport the minor to a medical facility or hospital if, in the opinion of such personnel, the minor needs medical attention. I further authorize appropriate personnel to render such medical treatment as is necessary for the health of the minor, in their professional opinion. I agree that once the minor is in the care of medical personnel or a medical facility, RREEP/JKC shall have no further responsibility for the minor and I agree to pay all costs associated with such medical care and transportation.

#### **Medical Dispensation Policy:**

**All medications are administered by the chaperones or teachers from the student's school. Please send all medications in their original containers or according to your school's policies for medication dispensation.**