



\* Required

### Personal Information

1. Parent/Guardian's Name \*

2. Parent/Guardian's Mobile Number \*

Please provide your mobile phone number, formatted as 555-555-1212, which will be used to authenticate you in RLCE's database. Please pause now and ensure your contact info is correct in our system before submitting this form by texting "Update" to 989-624-9300.

3. Alternate Phone Number \*

Please provide an alternate phone number where you could be reached (or of someone that could reach you), formatted as 555-555-1212.

4. Child's Name \*

Enter child's first and last name. For multiple children, please fill out one form for each child.

5. Child's Phone Number

If your child has their own mobile number, please provide it here, formatted as 555-555-1212. If they don't have their own mobile number, skip this question.

6. Child's Birthdate \*

7. Child's Gender \*

Female

Male

8. Child's Street Address \*

9. Child's City \*

10. Child's State \*

### Permission and Consent

I grant permission for my child to participate in all ministry activities & trips of Redeeming Love Christian Embassy that requires transportation to a location away from the Embassy site. All activities and trips will take place under the guidance and direction of Redeeming Love Christian Embassy employees and/or volunteers of Redeeming Love Christian Embassy. Information of event or activity will be communicated to the parent/guardian prior to the date of the activity or event and will include details such as:

- Event or activity type - (retreats, conferences, movies, services, concerts or recreational events, etc.)
- Destination/location of event
- Embassy representative in charge of the event or activity
- Estimated time of departure
- Estimated time of return
- Mode of transportation utilized, including but not limited to; Chartered Blue Lakes Tour bus, Embassy van or Chaperone's vehicles.

11. I have read and I agree to the above Permission & Consent \*

Yes, I agree

### Assumption of Risk and Release

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above-named minor ("Child's Name"). I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend Redeeming Love Christian Embassy its officers, directors, employees and agents, and its chaperons, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate Redeeming Love Christian Embassy, its officers, directors and agents, and chaperons, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of Redeeming Love Christian Embassy.

12. I have read and I agree to the Assumption of Risk and Release \*

Yes, I agree

### Medical Matters

I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor. In the event of an emergency, if you are unable to reach me at the above numbers, contact the following emergency contact.

13. I have read and I agree to the Medical Matters \*

Yes, I agree

14. Emergency Contact Name \*

15. Emergency Contact Relationship \*

16. Emergency Contact Phone Number \*

17. Family Doctor's Name \*

18. Family Doctor's Phone Number \*

19. Family Health Plan Carrier \*

20. Policy Number \*

21. Non-Prescription Medication \*

I hereby grant permission for non-prescription medication, limited to types such as (acetaminophen or ibuprofen, throat lozenges, cough syrup, anti-diarrheal or nausea) to be administered to my child, if deemed appropriate.

- Yes, my child may be administered non-prescription medication
- No, do not administer any non-prescription medication my child

22. Prescription Medications

**Please list the name of any prescription medication or leave blank if no prescription medication may be administered.** By listing medication, you hereby grant permission for prescription medication to be administered to your child. Child must bring all such medications necessary.

*Medication must be in its original container, with a legible label from the pharmacy indicating child's name, date (covers period when medication is to be given), name of medication, dosage, instructions for use (is consistent with parent's request), doctor's/nurse practitioner's name, pharmacy name and telephone number.*

23. Do you want to be notified of minor symptoms? \*

In the event it comes to the attention of Redeeming Love Christian Embassy, its officers, directors and agents, chaperons, or representatives associated with the activity, that your child becomes ill with any symptoms such as headache, vomiting, sore throat, fever, diarrhea, do you want to be notified?

- Yes, call me for any symptoms
- No, call me only for severe symptom or if my child asks for me to be called

### Specific Medical Information

Redeeming Love Christian Embassy will take reasonable care to see that the following information will be held in confidence.

**24. Allergic Reactions \***

Please list any allergies to medications, foods, plants, insects, etc. If none, please list "None".

**25. Immunizations**

Date of last tetanus/diphtheria immunization

**26. Prescribed Diet**

Does child have a medically prescribed diet? If so, please explain.

**27. Physical Limitations**

Please explain if the child has any physical limitation.

**28. Other Medical Conditions**

Please list any other medical conditions not mentioned above.

**29. Contagious Disease Exposure**

Has child recently been exposed to contagious disease or conditions, such as mumps, measles, chicken pox, Covid-19, etc.? If so, list date and disease or condition.

**30. Other Conditions**

Is the child subject to chronic homesickness, emotional reactions to new situations, sleepwalking, bedwetting, fainting, etc.? Please explain.

### Acknowledgement & Signature

Parent/guardian and Redeeming Love Christian Embassy understand and agree that they have the right to execute this document through paper or through electronic signature technology, which is in compliance with applicable state and Federal law governing electronic signatures. The parties agree that to the extent they sign electronically, their electronic signature is the legally binding equivalent to their handwritten signature. Whenever they execute an electronic signature, it has the same validity and meaning as their handwritten signature. They will not, at any time in the future, repudiate the meaning of their electronic signature or claim that their electronic signature is not legally binding. They agree not to object to the admissibility of this Agreement as an electronic record, or a paper copy of an electronic document, or a paper copy of a document bearing an electronic signature, on the grounds that it is an electronic record or electronic signature or that it is not in its original form or is not an original.

**31. Parent's and/or Guardian's Signature \***

Typing your full name below serves as your electronic signature, attesting that you agree to the statements in this document, and that the information you provided is true and accurate. After submitting, you will be able to print a copy of your completed form and you will also receive a text to approve your submission.

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