

RUCC Student Information Form



Child's Name: _____

Child's DOB: _____

Parent's/Guardian's Name: _____

Parent's/Guardian's Name: _____

Mailing Address: _____

Parent's cell phone: _____ Parent's cell phone: _____

Emergency Contact Name and Phone: _____

Please list all persons who are allowed to pick up your child: _____

Does this child have any medical issues or take any medications? Yes or No

Does this child have any food, environmental or medication allergies? Yes or No

If Yes to any of above questions, please explain: _____

Is your child current with immunizations? Yes or No

RUCC COGs Permission Slip/Emergency Medical Form



_____ (Youth Name) has my permission to attend all activities of Richville United Church of Christ (RUCC) COGs youth group during the year. I will notify the church of any exceptions to this blanket permission.

RUCC may publish photos of my child in print or online. If you do NOT want photos of your child/youth to be published, please check here

In the unlikely event your child becomes ill or is injured during a church sponsored event, every attempt will be made to contact you. If for some reason we are unable to reach you or your emergency contact, this form will allow us to obtain emergency medical care for your child. This is not a waiver of liability, but a means to help us ensure the best possible care for your child until you can be reached.

RUCC may exercise this special power of attorney from time to time through any of its designated adult employees or agents and may demonstrate the existence of the authority granted hereby the presentation of either the original or photocopy of this Consent for Medical Treatment and Special Power of Attorney. The undersigned consent to all such medical treatment and take full responsibility for any financial cost, which may be incurred in connection with the medical treatment of the Youth Participant.

Preferred Hospital: _____

Parent(s)/Guardian(s) Signature(s)

Cell Phone