



# RefPres Youth Release Form

This release form authorizes the participant to attend RPC events between 1/1/2026 — 12/31/2026.  
If any information changes during the year, please contact Pastor Austin.

Participant's name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Address: \_\_\_\_\_

Street

City

State

Zip

Please provide the following information to ensure the safety and well-being of the participant listed above. The answers to the following questions are confidential.

In case of emergency please contact: \_\_\_\_\_ at phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Secondary contact: \_\_\_\_\_ at phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Date of most recent Tetanus immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please list any health concerns or diagnosed conditions that your child has, or may be at risk for:  
(example; food allergy, asthma, bleeding disorder, diabetes, ADHD, depression or anxiety)

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Please list below any medications (prescribed or over the counter) the participant is currently prescribed. The medication should be clearly marked with the participant's name and brought in a container appropriately labeled by a pharmacy or parent. ONLY enough medication for the trip's duration should be sent with your child. If the participant is put on medication after this health form is submitted, SEND notification with NAME, INSTRUCTIONS, and PARENT SIGNATURE. List current medications below (use back if necessary):

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Please indicate your consent to the adult in charge to dispense the following over the counter medications (brand name or generic) as needed to your child (circle approved medications)

Tylenol

Motrin/Advil

Benadryl

Imodium

AZO (for UTI)

**MEDICAL CONSENT AND RELEASE**

I hereby consent to my child attending off campus activities. I am aware that a registered nurse or emergency first responder will not be in attendance traveling to, from or at off campus events.

The preceding information is correct to the best of my knowledge. The person herein described has permission to engage in all activities except as noted:

\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION FOR TREATMENT**

I hereby give Permission to the medical personnel selected by the chaperones to order X-rays, routine tests, treatment (including hospitalization); to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for the student named above. I understand that first aid will be available and that the participants will be supervised. I also understand that in case of serious injury, I will be notified.

**END OF EVENT TRANSPORTATION AUTHORIZATION**

Please indicate the individual (s) authorized to transport participant from events:

Name: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

Name: \_\_\_\_\_  
Relationship to participant: \_\_\_\_\_

Any RPC parent member may transport the participant.

**INSURANCE INFORMATION**

Please provide either a photocopy of your medical insurance card or complete information below.

Insurance company name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_