

**Medical Release Information Form • Consent and Emergency Contact**

Christian Fellowship of Lake Placid, Inc., aka Restoration Church of the Highlands/RCH  
P.O. Box 7035, Sebring, FL 33872-0101 • 863.402.2121 • [www.RestorationNet.net](http://www.RestorationNet.net)

Name of Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I \_\_\_\_\_ give my full consent for \_\_\_\_\_  
*parent / guardian* *name of participant*

to participate in RCH Youth Anointed events / activities.

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary medical, hospital or dental treatment, including use of anesthetic.

Allergies: \_\_\_\_\_ Current Medications/Special Needs: \_\_\_\_\_

Other parent or guardian to contact in case of emergency:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

I hereby agree to hold **CHRISTIAN FELLOWSHIP OF LAKE PLACID, INC., AND IT'S AGENTS**, harmless for any liability, claim, cause of action, damages, costs or expenses which I or my child may have against them arising out of or in any way connected with my child's participation in any and all events, including travel to and from the event, and including injuries which may be suffered by my child before, during or after the event. I understand that this waiver includes any claims based on negligence, action or inaction of any of the above named parties. I further understand that his waiver shall remain valid until further written notification by me.

In addition, I hereby agree to retrieve my child upon the explicit request of **CHRISTIAN FELLOWSHIP OF LAKE PLACID, INC.**, in the event that he/she becomes ill or should conduct themselves in an inappropriate manner.

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_  
*name of person acknowledging*

\_\_\_\_\_  
*signature of Notary Public-State of* \_\_\_\_\_

(NOTARY SEAL)

\_\_\_\_\_  
*name of Notary Typed, Printed, or Stamped*

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_