



RFA KIDZ  
ACTIVITY PERMISSION SLIP



I \_\_\_\_\_, hereby grant permission for

\_\_\_\_\_ to participate in the Spotlight Kids' Creative Arts Event detailed below. With this permission, I release from all responsibility the First Assembly of God of Raleigh, Inc. and those who will accompany the group as chaperones or representatives of the church. I have listed below who should be contacted and where I can be contacted during the Activity in case of an emergency. **(Please Print)**

Contact Name	Home #	Cell #
_____	_____	_____
_____	_____	_____

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

**PERMISSION IS FOR:**

ACTIVITY DATES: April 4, 2020

ACTIVITY: NCAG Kids Spotlight

LOCATION: RFA Church, Raleigh, NC

***NOTE: All students must have a signed permission slip and Medical History Questionnaire.***

# RFA Church

## RFA Kidz Medical Form

*All information on this form is Private & shall remain Confidential*

Full Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Parent/Guardian1 \_\_\_\_\_

City, St, Zip \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Phone Numbers ( ) \_\_\_\_\_ - \_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

1) Emergency Contact \_\_\_\_\_ Parent/Guardian2 \_\_\_\_\_

Relation \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

2) Emergency Contact \_\_\_\_\_

Relation \_\_\_\_\_ Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

**HEALTH HISTORY** Check either Yes or No. If Yes is checked please explain under "Remarks and Medical Facts".

Sinus Condition <input type="radio"/> YES <input type="radio"/> NO	Shortness of Breath <input type="radio"/> YES <input type="radio"/> NO	Exposed to Infections: Disease past 3 weeks <input type="radio"/> YES <input type="radio"/> NO
Ear Problem <input type="radio"/> YES <input type="radio"/> NO	Skin Infection <input type="radio"/> YES <input type="radio"/> NO	Hepatitis past 6 months <input type="radio"/> YES <input type="radio"/> NO
Lung Problem <input type="radio"/> YES <input type="radio"/> NO	Hearing Difficulty <input type="radio"/> YES <input type="radio"/> NO	Any disorder preventing strenuous activity? <input type="radio"/> YES <input type="radio"/> NO
Heart Trouble <input type="radio"/> YES <input type="radio"/> NO	Bad Eyesight <input type="radio"/> YES <input type="radio"/> NO	Taking prescription medicine? <input type="radio"/> YES <input type="radio"/> NO
High Blood Pressure <input type="radio"/> YES <input type="radio"/> NO	Wear Eye Glasses <input type="radio"/> YES <input type="radio"/> NO	Any Reaction to drugs or medicine of any type? <input type="radio"/> YES <input type="radio"/> NO
Allergy-Asthma <input type="radio"/> YES <input type="radio"/> NO	Wear Contact Lenses <input type="radio"/> YES <input type="radio"/> NO	Get nervous or upset easily? Homesick? <input type="radio"/> YES <input type="radio"/> NO
Fainting or Dizzy Spells <input type="radio"/> YES <input type="radio"/> NO	Any Medical Care within Past Year? <input type="radio"/> YES <input type="radio"/> NO	Sleep Walker? <input type="radio"/> YES <input type="radio"/> NO
Diabetes <input type="radio"/> YES <input type="radio"/> NO	Any Surgeries within Past Year? <input type="radio"/> YES <input type="radio"/> NO	
Appendix Removed <input type="radio"/> YES <input type="radio"/> NO	Special Diet Required? <input type="radio"/> YES <input type="radio"/> NO	
Dental Appliances <input type="radio"/> YES <input type="radio"/> NO		

Drug Allergies: \_\_\_\_\_ Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Current Medications: \_\_\_\_\_

Plant, Insect or Animal Allergies: \_\_\_\_\_

Remarks and Medical Facts: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Food Allergies or Special Diet: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor and Insurance Info

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Doctor's Name & Phone

\_\_\_\_\_ ( ) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company & Phone

\_\_\_\_\_

Policy ID# and Group Number

\_\_\_\_\_

Subscriber's Name & Relationship

**In consideration of permission granted to the above named individual by the First Assembly of God of Raleigh to participate in any part of the KidzALIVE Program(s), I hereby release and discharge First Assembly of God of Raleigh and their staff(s) (paid or volunteer) from all claims, demands, actions and judgments which the undersigned or their heirs may have against First Assembly of God of Raleigh for all personal injuries caused by involvement in KidzALIVE activities. I have read this release understood its terms, and signed it voluntarily in full knowledge of its significance.**

AND

**I hereby give permission to licensed physicians and hospitals selected by the leader in charge to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for above named individual.**

\_\_\_\_\_  
Signature of Parent or Legal Guardian                      Date of signature



## Photo & Video Disclaimer



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To ensure the privacy of individuals and children, images will not be identified using full names or personal identifying information without written approval from the photographed subject, parent or legal guardian

A person attending a RFA Church event who does not wish to have their image recorded for distribution should make their wishes known to the event organizers, and/or contact the RFA Kidz Office at 2660 Yonkers Road, Raleigh, NC 27604, in writing of his/her intentions and include a photograph. You may also email your request and photograph to [KidzAliveRaleigh@gmail.com](mailto:KidzAliveRaleigh@gmail.com). RFA will use the photo for identification purposes and will hold it in confidence.

By participating in an RFA Church event or by failing to notify RFA Church, in writing, your desire to not have your photograph used by RFA, you are agreeing to release, defend, hold harmless and indemnify RFA from any and all claims involving the use of your picture or likeness.

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Thank you for your understanding and cooperation!