

**Redeemer Presbyterian Church
Middle School EDGE Trip Information
Dates: June 21-26, 2010**

Location: Covenant College, Lookout Mountain, GA

Cost: \$275

We will be planning some fundraising events to help offset some of the costs of the trip- please make plans to participate in these events!

A \$100 deposit is due by Sunday 1/17. The remaining balance (\$175) will be due by Sunday, 4/11.

When you turn in your deposit, you should also turn in the:

Redeemer Health Record and Consent for Treatment 2010 (2 pages)

Please contact Andy if you have any additional questions (andy@redeemerpca.net; 919.457.2282)

Student's Name: _____

Email: _____ Phone: _____

Address: _____

Age: _____ Grade: _____ Gender: _____

Parent's Names: _____

**Redeemer Presbyterian Church
Health Record and Consent for Treatment
All Events for Year 2010**

Parent/Guardian - It is important that you complete the following Health Record. Your son/daughter must turn this form in with the registration.

STUDENT NAME	Last	First	Middle
Date of birth ___/___/___		Age _____	
Address			
City		State	Zip
Student lives with	<input type="checkbox"/> both parents	<input type="checkbox"/> one parent	<input type="checkbox"/> guardian <input type="checkbox"/> other
Name of medical/health insurance company			
Policy and/or group plan number			
Phone # on insurance card (for verification) --include area code			

Does the student have any known physical defect or illness which might interfere with his/her participation in strenuous activity? If so, please explain.

Does the student have any severe allergies or reactions to drugs or medicines? Explain which drugs and what reaction he/she has had.

Medical History— *Mark N/A if not applicable. If you check a box, please explain further.*

- Insect stings/bites
- Poison sumac/oak/ivy
- Previous operations/illnesses

Is the student presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (name of drugs, dosage, etc.).

Date of last TTb (Tetanus, Dip Tox, booster shot)

- Please mark any of the following diseases that your child has had.
- chicken pox measles mumps whooping cough

The following non-prescription medications will be available for your child if necessary. Your permission is needed before any medicine can be administered. *Any medication you **DO NOT** wish your child to have should be circled:*

Robitussin (cough & congestion)	Emetrol (nausea)	Chloraseptic (sore throat)	Tylenol, junior strength	Benadryl (anti-itch cream)
Phillips Milk of Magnesia	Children's Tylenol cold medicine	Chlortrimeton (antihistamine)	Pepto-Bismol	Benadryl (antihistamine)

