



RRCA Summer Programs Medical Info and Release Form

First Name: _____
 Last Name: _____
 Medical Insurance: _____
 Group #: _____ Policy #: _____
 Insurance Card Holder: _____
 Relationship to student: _____
 Physician's Name: _____
 Phone #: _____

Registration Assistance

RRCA Business Office
 800 Westwood Drive, RR, TX, 78681

512-255-4491

Cindy Potts or Tammi Jacks
 admissions@rrca-tx.org

Emergency Contact Information

Name: _____ Cell Phone: _____
 Relationship to student: _____ Permission to pickup? Yes No

Additional Person(s) Allowed to Pickup my student

Name: _____ Cell Phone: _____ Relationship to student: _____
 Name: _____ Cell Phone: _____ Relationship to student: _____

Medical Information

Allergies: Yes No Epi-Pen: Yes No Inhaler: Yes No
 Allergy information: _____
 Other serious medical conditions: _____
 Medication currently taking: _____

Permission for Medical Treatment

Yes No I hereby give RRCA and its employees permission to treat minor cuts, itches, rashes, bites, etc. with ointment, ice, bandages as needed to relieve mild/temporary symptoms.

Permission for Medical Assistance

Yes No I hereby give RRCA and its employees permission to seek medical assistance in the event of an accident or injury. RRCA will make every attempt to notify the parents concurrently.

Agreement for Media Release

Yes No I agree to give RRCA all rights to publish or use video or photographic images of my child for the purposes of print or electronic advertising, the website, school-sponsored social media accounts. Students names will not be listed.

Agreement for Security Video Surveillance

Yes I am aware that RRCA will maintain appropriate video surveillance for the security of all students.

By signing below, I agree to enroll my child(ren) in the RRCA Summer program(s). I understand that my child(ren) must exhibit acceptable behavior in order to remain enrolled in the program(s).

Parent Name: _____ Date: _____

Parent Signature: _____