



# 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

**Summer Program Information**  
 Contact: Rachel Garcia  
 512-255-4491 or  
 rachelgarcia@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 have read and will abide by the RRCA Summer Childcare Operations Handbook and understand that my child(ren) must exhibit acceptable behavior in order to remain enrolled in the program(s).

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_