

## Medical Release Form Effective September 2014 – August 2015

Name \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female   
 Fall of '14 School \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Second Parent \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
 Alt. Emergency Contact \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_  
 Student email address \_\_\_\_\_ Parent email address \_\_\_\_\_  
 Medical insurance carrier \_\_\_\_\_ Policy or group # \_\_\_\_\_  
 Carrier address \_\_\_\_\_ Name of insured person \_\_\_\_\_  
 Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Name of dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_  
 First Emergency Phone \_\_\_\_\_ Second Emergency Phone \_\_\_\_\_

**Health History (Check. Give approximate dates)**

Frequent Ear Infections     Diabetes     Bleeding Disorders  
 Heart Defect/Disease     Asthma     Mononucleosis  
 Seizures     ADHD     Downs Syn.  
 Chicken Pox     Measles     Mumps

**Allergies (dates not needed)**

Hay Fever  
 Poison Ivy  
 Penicillin  
 Insect Stings  
 Drugs(specify) \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

**Current medications (List all prescription, OTC & herbal, this information will be held in confidence by the ministry leader)**

Medication name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_  
 Medication name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for taking \_\_\_\_\_

Blood type (if known) \_\_\_\_\_ Are all immunizations current? (MMR, tetanus, hepatitis) Yes  No

Describe your students swimming ability: Beginner  Intermediate  Advanced

Any other information you feel the leaders should know in advance about your student. \_\_\_\_\_

**For your information, these are our rules of conduct expected from each student:**

- Respect one another, staff & adult leaders • No alcohol, drugs, or tobacco permitted • No lighters permitted
- No fighting, weapons, fireworks, explosives • No students permitted to drive for events • Respect property
- No offensive or immodest clothing • No boys in girl's sleeping quarters & visa versa
- Participation with the group expected • Respect and comply with event schedules • Use of cell phone or other electronic device (iPod, iPad, Nintendo DS, etc.) limited/restricted.

**Failure to comply with these expectations could result in your child being sent home at your expense.**

*My child has permission to attend all church sponsored youth activities at Harbor of Hope including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Harbor of Hope Christian Church prior to that event.*

Parent(s)/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



**WAIVER AND RELEASE FROM LIABILITY**  
Effective September 2014 – August 2015

**I(We) acknowledge that my child’s participation in the Harbor of Hope youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child’s participation in any Harbor of Hope youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child’s being allowed to participate in the Harbor of Hope Christian Church youth program activities, I (we) agree to the following:**

Harbor of Hope Christian Church is not responsible for the loss or theft of personal belongings.

Misconduct may result in transportation home from an activity at parents’ expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child’s participation in Harbor of Hope Christian Church’s Youth activities, the following person, or entities: Harbor of Hope Christian Church, its Lead Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Harbor of Hope Christian Church, Harbor of Hope Christian Church staff or volunteers and: c) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child’s actions. **I hereby assume the risks of my child participating in all Harbor of Hope youth activities.**

The undersigned \_\_\_\_\_(parent/guardian), the parent and natural guardian or legal guardian of \_\_\_\_\_ (minor’s name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Harbor of Hope Christian Church’s representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

I hereby agree to the all the above Harbor of Hope Christian Church Student Ministry Waiver and Release Form Liability conditions.

Child’s Name \_\_\_\_\_

Parent(s)/Guardian Signature \_\_\_\_\_

Parent(s)/Guardian Phone \_\_\_\_\_

Date \_\_\_\_\_