



HARVEST COMMUNITY CHURCH YOUTH
Medical Release
(July 2018 through June 2019)

*Please fill out both front and back
**This is not a Permission Form

Name _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

EMERGENCY CONTACT

Name _____

Phone _____

LIABILITY RELEASE

I, _____, being the parent/legal guardian of _____, hereby release Harvest Community Church Youth (HCC), its agents, employees, it's assigns, and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by my child during the course of his/her attendance during HCC Youth events occurring during the 2018- 2019 school year. I hereby certify that I have read and agree to the above liability statement.

I also recognize that the HCC Youth uses photographs and video images of events in our publicity materials for YouTube, the youth blog site, the church website, and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

Parent/Legal Guardian Signature _____

Student Signature _____



MEDICAL AUTHORIZATION FORM *Medical information is necessary! Please fill out completely!*

I, _____, the parent or legal guardian of _____, a minor, do hereby authorize Jordan Young or subsequent HCC Youth Team Leaders to act as agents for myself in my absence or incapacitation, to consent to any x- ray examination, anesthetic, or medical or surgical diagnosis or treatment and medical care which is deemed advisable by and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital whether or not such diagnosis or treatment is rendered at the office of said physician or at said hospital. I understand that in the event of a medical emergency, an earnest attempt will be made to contact me or the emergency contact listed above. In the event that I cannot be reached, I hereby give permission to the physician to hospitalize, secure treatment for, and order injection, anesthesia or surgery if circumstances warrant such action. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician in the exercise of his or her best judgment may deem advisable. I hereby authorize any hospital, which has provided treatment to the above named minor to surrender physical custody of such minor to the above named agents upon the completion of treatment. I also agree to accept financial responsibility for the cost related to this emergency. These authorizations are effective on July 1, 2018 through June 30th, 2019.

Parent/Legal Guardian Signature _____ Date: _____

Print _____

Health Insurance Company _____

Insurance Company Phone Number _____

Current Medications _____

Known Medical Allergies _____

Known Food Allergies _____

YES NO I give HCC permission to give my child over the counter medication as needed.