



Huntington Nazarene Student Activity Release Form 2017-2018

Please print in ink and attach a photocopy of the student's medical insurance card (front and back)

Student's Name: _____ Age _____ Birthday _____

Year in School _____ Male ___ Female ___ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Medical Insurance Company: _____ Policy #: _____

Mother's Name: _____

Phone: Work _____ Cell: _____

Father's

Name: _____ Phone: Work _____ Cell: _____

Emergency

Contact: _____ Phone: Work _____ Cell: _____

Physician _____ Office

Phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student.

1. For your student's safety and our knowledge, is your student a
____good swimmer ____fair swimmer ____non-swimmer
2. Does your child have any allergies (i.e. pollens, medications, food, insect bites)? ____yes ____no

If yes, please describe allergy and treatment: _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

___asthma ___epilepsy/seizure disorder ___heart trouble ___diabetes ___frequent upset stomach
___physical handicap

4. Date of last tetanus shot: _____

5. Does your child wear ___glasses ___contact lenses ___ none

6. Please list and explain any major illnesses the child experienced in the last year: _____

Should this child's activities be restricted for any reason? Please explain:

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event scheduled and rules

Students who fail to comply with these expectations may be sent home at their parents' expense

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student's Name (printed) _____

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, concerts, Bible studies, miniature golf, hayrides, student conferences, rock climbing, lock-ins, mission trips, service projects, small group trips, sleep-overs, and more. Note: *IF you desire to limit your student's participation in any event, please submit your wishes in writing to Kody Hope prior to that event.*

_____ (name of student) has my permission to attend all youth activities sponsored by Huntington Church of the Nazarene whether onsite or offsite. The above student also has permission to ride in a vehicle designed by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Huntington Church of the NAzarene. I also authorize the use of any picture or video of my student in the reproduction of church advertisements, productions, or other uses of the Huntington First Church of the Nazarene.

Huntington First Church of the Nazarene
1555 Flaxmill Road, Huntington IN 46750
khope@hnaz.org

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Huntington First Church of the Nazarene and its staff or any liability against personal losses or named student.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Huntington First Church of the Nazarene. **I/We understand that there inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our student's involvement.** In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Huntington First Church of the Nazarene, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of the medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian's name(printed)_____

Parent/guardian signature_____ Date:_____