

# Hope Covenant Children's Medical Release Form



## Minor Info

Student Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**I/We \_\_\_\_\_ parent/guardian (circle one) give my/our child our permission to attend Hope Covenant Church's Children's/Family events. If we cannot be reached, we hereby give Hope Covenant, Kathy Armbrust, or other adult leader on the Hope sponsored event, consent on our behalf for any such emergency care and treatment being rendered by any duly licensed doctor or dentist. We release from liability and responsibility, Hope Covenant Church and the adult leaders, except in the case of gross negligence.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Please give us the following information:

### Parent/Guardian Info:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email & Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email & Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Student lives with: \_\_\_\_\_

### Alternate Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Health Insurance:

Company & Policy # : \_\_\_\_\_

### Health History:

Conditions or Allergies: \_\_\_\_\_

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety): \_\_\_\_\_

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

Current Medications (List prescription, OTC & herbal):

Medication Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Purpose: \_\_\_\_\_

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May we administer over-the-counter-medications? (e.g., aspirin, Tylenol, Advil, antibiotic ointments, etc.) Yes  No

Any restricted activity for your student? Yes  No

If yes, please specify: \_\_\_\_\_

Any other information you feel the leaders should know in advance about you: \_\_\_\_\_

## **Hope Covenant Permission Slip and Acknowledgement of Expectations**

My child has permission to attend all church sponsored activities as listed in calendars and/or on the Hope Covenant bulletin and newsletter.

I acknowledge these rules of conduct expected from each participant and parent:

- Respect one another, staff, and adult leaders
- Respect property
- Participation with the group expected
- No offensive or immodest clothing
- No offensive or inappropriate language
- No lighters permitted
- No fighting, weapons, fireworks, or explosives
- Respect and comply with event schedules

I and my child acknowledge that misconduct may result in transportation home from an activity at the parent's expense. A student dismissed for a disciplinary reason will not receive a refund of ANY activity fee. My child and I agree to follow the instruction of the pastor, leader, or volunteer who has been delegated leadership authority.

I understand and authorize that my child's image may be photographed or filmed and used in Hope Covenant Church video presentations, printed publications, Web site, Facebook page, and photo directories.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_