

Hope Cov Youth Event Medical Release Form

Minor Participant Info

Student Name: _____ Birthday: _____ Male Female

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

Student Email: _____ Student Cell: _____

We _____ parent/guardian (circle one) give our child our permission to attend Hope Covenant Church's Youth Ministry events and to be transported in an adult leader's personal vehicle. If we cannot be reached, we hereby give Hope Covenant, Rachel Lassen, or other adult leader on the Hope sponsored youth event, to consent on our behalf to 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(s)/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 both prescription, OTC & herbal):

Medication Name: _____ Dosage: _____ Purpose: _____

Medication Name: _____ Dosage: _____ Purpose: _____

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 Cov Youth

Permission Slip and Acknowledgement of Expectations

From May of 2018 to September of 2019, my child has permission to attend all church sponsored youth activities as listed in calendars and/or on the Hope Covenant bulletin and newsletter, including but not limited to the following: lock-ins, cook-outs, swimming, games in the park, bonfires, retreats, Bible studies, etc.

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
- No students permitted to drive for events
- No boys in girls' sleeping quarters and vis versa
- 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(s)/guardian signature: _____ Date: _____

Student's signature: _____ Date: _____