

HOPE CHAPEL FOURSQUARE CHURCH
Youth Ministry
LIABILITY AND MEDICAL RELEASE FORM
VALID January 2018 THRU December 2018

Name: _____ Age: _____ Birthday: __/__/__
Home #: _____ Cell #: _____ E-Mail: _____
Address: _____ City & Zip: _____
Gender: ____ School: _____ Grade: _____

Required for all 6th through 12th grade students attending a Hope Chapel Foursquare Church event

Health History:

Drug Allergies Insect Sting Allergies Chronic Asthma Epilepsy/Nervous Disorder
 Hay Fever Food Allergies Frequent Colds Frequent Stomach Upsets
 Diabetes Heart Condition Physical Handicap Other: _____

Please Specify Marked Condition Above: _____

Normal Treatment of Marked Condition: _____

Date of Last Tetanus Shot: __/__/____ Blood Type (if known): _____

Name and Dosage of medications currently using: _____

Minor Administers Own Medication: Yes__ No__ Adult Administers Medication: Yes__ No__

If student requests aspirin, may an adult counselor administer it to him/her? Yes__ No__ Aspirin Substitute (specify): _____

Any Activity Restrictions? Yes__ No__ What Restrictions: _____

Father's Name: _____ Home #: _____ Work #: _____ Cell #: _____

Mother's Name: _____ Home #: _____ Work #: _____ Cell #: _____

In an emergency, if parent/guardian cannot be reached, please notify:

Name: _____ Phone #: _____ Relationship to Student: _____

(Please See Reverse Side)

