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:			Gr	rade:

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/N	ervous Disorder				
Hay Fever	Food Allergies	Frequent Colds	Frequent S	tomach 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:						
$\langle \mathbf{p}_1 \rangle = \langle \mathbf{p}_1 \rangle = \langle \mathbf{p}_2 \rangle = \langle \mathbf{p}_1 \rangle$								

(Please See Reverse Side)

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the information necessary to give you or your child proper medical service during this activity/trip. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity/trip. Please let us know of any updates to your insurance policy by filling out a new form and sending it into the youth office.

Do you have Health	Insurance: YesNo			
Name of Insurance	Company:	Policy #:	Group #:	
Phone #:	Expiration Date:			
permission to the physic me,, o required for illness or in Foursquare Church. It is	ian or dentist selected by the leaders to hospitals r my child,, as deemed necessary under a physician's orders. This form is fo	ize, to secure proper treatment and/or of essary. I also authorize the trip leaders r any and all events, projects, ministrie dvance of any specific diagnosis, treati	e on this form, I,, hereby give my order an x-ray, injection, anesthesia, or surgery for at the activity to administer medical aid as es, small groups, or trips involving Hope Chapel ment or hospital care being required. The above	
Parent/Guardian Signatu	re (Student Signature if over age 18)	Date		
Print Name		Relationship to Student		
want to alert parents, guain some of our activities snow-tubing, ice skating other water related sport violating our standing coperson or property when or individual agrees to as staff or volunteer staff li Hope Chapel Foursquare form and that they furthe Chapel is concerned and or marketing purposes, I Hope Chapel facilitated parent/guardian's exp	ardians and individuals to them. It is impossible which may include strenuous competition game, snow boarding, other winter related sports and a sand other year round sports and activities. Injummon sense rules. The intent of this liability relatedees of our activity/trips are injured as a resume and accept all risks and hazards. The signable for damages, losses or injuries to the person of the church, its pastors, employees, lay staff or volver understand that signing this liability release can agreement to hold said church harmless and Hope Chapel Foursquare Church reserves the rigevents. It is also acknowledged that if my content of the property of the proper	et to list all such risks. Personal injury ares, broom hockey, slick track driving, be activities, boating, wake boarding, jet ury and property damage may also resultered as to prevent Hope Chapel Foursesult of an activity that we do or do not ner also agrees not to hold Hope Chapen(s) or property including results for activities a full and complete release for relieved of any responsibility for injury to use any audio, video, and/or photogen.	ult from activities which we do not allow thereby square Church from being held liable for injuries to t allow. By signing this form the parent, guardian el Foursquare Church, its pastors, employees, lay ctive negligence or passive conduct on the part of that they are signing for the student listed on this from liability insofar as Hope Chapel Foursquare ry or damage to you or your child. For promotional tography of guests and/or campers participating in	
Print Name		Relationship to Student		