

Hopkins Community Church

Student Ministries Medical Release & Permission Form



Date: _____
Student Last Name: _____ First Name: _____
Age: _____ Birthday: _____ Grade: _____ **T-shirt size** _____

Address: _____
Student Phone: _____
Student email: _____
Student prefers contact by: ___email ___phone ___text
Parent phone: _____
Parent email: _____
Parent prefers contact by: ___email ___phone ___text

We will communicate main announcements via Facebook group pages.

Insurance Company: _____
Policy Number: _____
Name of Policy holder: _____
Phone number of Policy holder if different from above: _____

Medical History

Does your child have any health concerns the staff and leaders of HCC should be aware of:
_____ (Allergies, Asthma, Epilepsy, Heart, Diabetes)

List any major illnesses or hospitalizations within the last year: _____

Additional health concerns: _____

- Hopkins Community Church is not responsible for loss or theft of any personal belongings.
- Misconduct may result in transportation home from an activity at the parent's expense.
- My student's image may be photographed or filmed and used in presentations, advertisements, and online publications.
- Students are to respect other participants' property. They are to comply with event rules and expectations.
- No illegal items will be taken or be in possession of the participants of the HCC youth groups.
- HCC youth group members will show respect to leaders and students and others.

(OVER)

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I, the student, have read and agree to the above information and will participate in the activities by the above code of conduct in HCC Middle School Youth Group or HCC High School (R-GEN) Youth Group.

Student's Name (please print): _____

Student's Signature: _____

Date: _____

I, the parent of _____ give permission for the above named child to participate in the HCC Youth Ministries of the Hopkins Community Church. In case of an emergency, I, the parent/ legal guardian of the above-named child, hereby give permission to the physician/or hospital for medical help. If the above-named child requests over the counter medication the HCC Youth Group leaders have permission to administer (i.e. ibuprofen, benadryl)

I/We understand that there are inherent risks involved in any ministry or athletic event and I/We hereby release HCC, leaders and volunteers from any and all liability for any injury, loss, or damage to person and /or property that may occur during the course of my/our child's involvement.

Parent/Guardian name (print): _____

Parent/Guardian name (print): _____

Parent/Guardian signature: _____

Parent/Guardian signature: _____