

STUDENT & MEDICAL INFO

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Effective dates: **January 1, 2017 to December 31, 2017**

PHOTOCOPY OF INSURANCE CARD REQUESTED

Please print in ink

STUDENT INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME	DATE OF BIRTH (MM/DD/YYYY)	
MALE	FEMALE	GRADE	SCHOOL		
ADDRESS			CITY	STATE	ZIPCODE
HOME PHONE		STUDENT CELL PHONE		STUDENT EMAIL	

PARENT INFORMATION

MOTHER'S NAME		HOME PHONE	CELL PHONE
FATHER'S NAME		HOME PHONE	CELL PHONE
MOTHER'S EMAIL		FATHER'S EMAIL	
EMERGENCY CONTACT (OTHER THAN PARENTS)		HOME PHONE	CELL PHONE

Medical & Liability Release

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

_____ has my permission to attend all youth activities with the Heath Church of Christ.

NAME OF STUDENT

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, laser tag, concerts, Bible studies, golfing, miniature golf, caving, paintball, and hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth minister prior to that event.*

This consent form also gives permission to seek whatever medical attention is deemed necessary, and releases the Heath Church of Christ and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Heath Church of Christ. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Heath Church of Christ, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Heath Church of Christ, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

(MM/DD/YYYY)

PLEASE PHOTOCOPY BOTH SIDES OF YOUR INSURANCE CARD AND ATTACH TO THIS DOCUMENT.

Doing so helps us have all the information we need in the case of an emergency off campus. It is also required for some events hosted at other Christian camp venues.