

HOPE CCM 2009-10 STUDENT MEDICAL, PERMISSION, and LIABILITY RELEASE FORM

Child's name: _____	
Address: _____	
City, State, Zip: _____	
Date of Birth: _____	Current School Grade: _____
Mom's Name: _____	
Dad's Name: _____	
Mom's Phone: _____	
(H) _____	
(W) _____	
(Cell) _____	
Dad's Phone: _____	
(H) _____	
(W) _____	
(Cell) _____	
Family Doctor: _____	
Name: _____	
Phone: _____	
Insurance Company Name: _____	
Phone: _____	
Policy #: _____	
Group #: _____	

1. Is your child presently being treated for an injury or sickness, taking any medication or carrying any emergency medication? **YES NO**

Medication	Dose	Taken for?

2. Is your child allergic to any type of medication? **YES NO**
3. Does your child require a special diet? **YES NO**
4. Does your child have (or has he/she ever had) any of the following? (circle, then explain in space after #8)
- | | |
|------------------|--------------------|
| Seizure disorder | Head injury |
| Asthma | Seasonal Allergies |
| Kidney disease | Diabetes |
| Heart murmur | Heart condition |
5. Does your child have any allergies other than medicines? **YES NO**

6. Does your child sleepwalk? **YES NO**
7. Does your child have any physical handicap or illness preventing his/her participation in normal rigorous activity? **YES NO**
8. Please circle one: My child **CAN / CANNOT** swim.

Please explain any "YES" answers from questions 1 through 8:

PARENT/GUARDIAN OF A MINOR: MEDICAL TREATMENT CONSENT

I, the undersigned being the parent or legal guardian of the child named herein ("the child"), do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment which may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leadership to make decisions necessary for the child's treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. The policy of the church or organization sponsoring this event will be used as the secondary coverage. I additionally agree to notify Hope Community Church Moorestown in the event of any health changes which would restrict my child's participation in any youth activities for which this form stands.

PARENT/GUARDIAN OF A MINOR: PERMISSION & LIABILITY RELEASE

I, the undersigned being the parent or legal guardian of the child named herein ("the child"), do hereby consent to the participation of my child in all Hope Community Church Moorestown Youth Group activities and trips for the 2009-10 ministry year (September 1, 2009 through August 31, 2010). This will include all activities both on and off-site, including trips and retreats. I certify that my child is physically fit to participate in such activities except as noted on this form otherwise. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. I further agree to notify the Hope Community Church Moorestown Youth Office of any changes to the information provided on this form.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I hereby acknowledge my awareness that participation may expose my child to risk of property damage and bodily or personal injury, including injury that may prove fatal. I understand that the risks my child may be exposed to include (but are not limited to) the following: motor vehicle accidents, injury from falls, drowning, exposure to inclement weather, exposure to cold water, injury from animal or insect bites, cuts and abrasions from normally occurring elements, and other risks that may not be foreseeable. I agree that I will discuss with my child the importance of following all directions of the activity leaders. For the sole consideration of Hope Community Church's arranging for my child to participate in all activity occurring September 1, 2009 through August 31, 2010, **I hereby release and forever discharge** Hope Community Church Moorestown, its officers, agents, volunteer helpers, and employees from any and all claims, demands, rights, and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child's participation in these activities.

DATE

PRINTED NAME of parent/guardian for above medical/permission/liability releases

SIGNATURE of parent/guardian signature for above medical/permission/liability releases