Parent Release Form

Name:			Age	Birthday
LAST	FIRST	MIDDLE		
Year in school	🛛 Ma	le 🛛 Female		
Address		City	State	e Zip
Phone			Pager / cell	
Medical insurance company			Policy #	
Mother's name			Phone: Home	Work
Father's name			Phone: Home	Work
Emergency contact			Phone:	Relationship
Physician			_Office phone	
Medical History				
1. Allergies / allergic reaction	of my child			
2. Medicine being taken by n	ny child			
3. Other information regardir	ig my child's hea	alth that a docto	or should know	
3. Does your child suffers fro	m, or has ever e	experienced, or	is being treated curren	tly for any of the following:
□ asthma□ frequently upset s		' seizure disord hysical handica		rouble Gabetes
4. Date of last tetanus shot:				
			has my permissio	n to attend all youth activities
NAME OF S Sponsored by HARVEST BI	TUDENT			-
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Medical Release

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

In the event treatment is required from a physician and/or hospital personnel designated by the Church, 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.

Media Release

Photographs and Video may be taken during the Jr. High and Sr. High Ministry events that could be used for promotional materials and publications at Harvest Bible Chapel Rockford. Student's names or identifying information is never released without the written permission of a parent or guardian. By agreeing to this participation agreement, you are authorizing your child's likeness to be used as stated above.

Parent/guardian signature:	Date:	