******HPC STUDENT MINISTRIES**

 **Medical Release and Permission Form**

Student Name: Age: DOB: Grade: School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Email:

Address: City: Zip:

Student Home Phone: Student Cell Phone:

Mother’s name: Phone: email:

Father’s name: Phone: email:

Emergency contact: Phone:

Do we have your permission to use photos of your child? Yes No (note: we do not tag individuals or use names!)

Do we have permission to contact your student via his/her email? Yes No

Do we have permission to contact your student via his/her cell phone number? Yes No

**Medical History:**

Medical Insurance Company: Policy #:

Physician: Phone:

Dentist: Phone:

1. Date of my student’s last tetanus shot:
2. My student wears □glasses □contact lenses
3. Should your child’s activities be restricted for any reason? Are there any allergies we need to be aware of? Medication taken regularly we need to be aware of?

## Expectations:

* Respect self, others and property
* Participation with the group is expected
* No possession or use of alcohol, drugs, or tobacco
* Students can only drive to off campus activities with PRIOR permission given by parents

 has my permission to attend all youth activities sponsored by Huntersville Presbyterian Church (hereinafter the “Church”) from September 1, 2023 to August 31, 2024.

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.

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 Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, 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 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.

Parent/guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HELPFUL STUDENT INFO:**

Favorite activities/hobbies/sports/teams?

Favorite color?

Favorite snacks?

Favorite animal?

What has been the best thing about the last year?

What has been the most difficult thing about the last year?

What makes you feel the most safe and secure?

What makes you feel anxious?

What do you want to know more about?

What activities would you like to see us do as a youth group?