HCC Parent Permission/Medical Release & Insurance Form -

I, the parent or legal guardian of the minor child listed here: _____
(First, Middle, Last Name of Student)

do certify that he/she has my full approval to participate in the following activity with Harrisburg Christian Church:

_____
Name of Activity/Event Date(s)

The minor identified on this form understands that all participants are expected to abide by the rules established for this activity by Harrisburg Christian Church Youth Ministries. They are directly responsible to the Adult Youth Coaches/Pastoral Staff leading this event. Those HCC Youth Coaches/Pastoral Staff assume responsibility for discipline, and if necessary, may, in the case of misconduct, require a participant to be removed from the event.

In such instance, I, the Parent or Legal Guardian, will assume full responsibility for returning the minor child home. Further, I release and hear-by agree to hold harmless Harrisburg Christian Church and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the above listed youth activity.

Further, I do authorize the Pastoral Staff or Adult Youth Coach of Harrisburg Christian Church, in charge of this activity in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment required by the minor child while on this activity. It is understood that I, the parent or legal guardian, will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said child is covered by adequate health/accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

NAME OF PARENT/LEGAL GUARDIAN (Please print legibly): _____

DATE: _____ **RELATIONSHIP:** _____

HEALTH INSURANCE AND MEDICAL INFORMATION:

STUDENTS FULL NAME: _____ **DATE OF BIRTH:** ___/___/ ____
(First) (Middle) (Last)

ADDRESS: _____ **MALE** **FEMALE** (circle)

CURRENT KNOWN ALLERGIES/MEDICAL CONDITIONS or MEDICATIONS BEING TAKEN:

_____

_____

_____

HEALTH INSURANCE COMPANY NAME: _____ **Policy ID#** _____

FATHERS NAME: _____ **MOTHER''S NAME:** _____

FATHER'S PHONE(S): _____ **MOTHER''S PHONE(S):** _____

CHILD LIVES WITH: _____ **EMERGENCY CONTACT:** _____

EMERGENCY CONTACT''S PHONE(S): _____ **RELATIONSHIP:** _____