



# HARVEST

## BIBLE CHAPEL

45570 Maben Road ♦ Canton, MI 48187 ♦ 734-459-7795 ♦ [www.harvestcanton.org](http://www.harvestcanton.org)

### Student Ministry Medical Release Form

**Student Information:**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Student Email \_\_\_\_\_

Student Cell # (\_\_\_\_) \_\_\_\_\_

**Health Insurance Information:**

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Physician Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

**Medical Information:**

Please list any medical allergies, medications being taken, medical problems, dietary or physical limitations or other pertinent information:

\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Emergency Contact Information:**

Parent/Guardian \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Work Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

Parent's Email \_\_\_\_\_



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### **Student Ministry Permission Slip**

I hereby give permission for the above named youth to participate in any and all youth ministry events and activities for the next 12 months (August 2009 – July 2010).

I give authorization for the youth pastor and/or other authorized adult sponsor to seek whatever medical assistance he/she deems necessary in the event of an accident or illness to the above named youth. I also understand that I am responsible for all medical expenses and related treatment costs and will not hold Harvest Bible Chapel, its officers, employees, and volunteers liable for any injury.

I acknowledge that the youth ministry activities and events may include but are not limited to activities both on and off church property, during day or evening hours, requiring transportation by motorized vehicles and occasionally involving over night stays. Such events and activities may involve the preparing and eating of food, along with events that may involve recreational and sports activities. I also realize that my child's picture or testimony may be used in promotional materials for the Harvest Bible Chapel Student Ministry.

I hereby give permission for the above email to be listed in an online email list for the purposes of communications with respect to events and general information.

Signature of Parent/Guardian \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_