



Medical Information & Release Form

2017-2018 (This form will be kept on file for all activities.)

Student Name: _____ DOB: ___/___/___ Grade: _____ Phone: (____) _____

Address: _____ City: _____ Zip: _____

Authorization to Treat Minor, Release of Liability & Indemnification:

The undersigned(s) being lawful parent(s) and/or guardian(s) of the above-named child (the "Child"), hereby consents to the participation by the Child (minor) in Harbour Shores Church ("HSC") Youth Ministry and all Youth Ministry related activities conducted by HSC.

The undersigned hereby further authorizes any of the staff, employees, volunteers, directors and agents of HSC to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-Ray examination, performance of operations, diagnostic and other procedures. If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s)/guardian(s) before administering or authorizing any treatment. Notwithstanding other provisions in this Consent Form, HSC shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The undersigned further acknowledges that any HSC activity may include Child being transported in a personal vehicle, a van or a bus and that those drivers will possess a valid driver's license and insurance. The undersigned assumes all risk of injury or harm to the Child associated with participation in the Youth Ministry activities and agrees to release, indemnify, defend and forever discharge HSC and its staff, employees, volunteers, directors and agents of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively, the "Claims") in respect of death, injury, loss or damage to the Child or by the Child, howsoever caused, arising or to arise by reason of or during the Child's participation in the activity.

This Consent Form may be revoked by parent(s)/guardian(s) at any time before the expiration date with written notice to HSC.

Participant's Signature: _____ Date: ___/___/20__.

Parent or Guardian of Minor Signature: _____ Relationship: _____ Date: ___/___/20__.

This authorization is given to remain effective: **May 31, 2017 through June 1, 2018** unless revoked sooner in writing.

Important Information:

Emergency Contact Information (for minor's, this should be a parent or legal guardian:

Name: _____ Relation: _____

*Parent's Phone: (____) _____ Secondary Phone: (____) _____ (cellular, work number, etc.)

*Please note: In case of emergency we will attempt to reach a parent/guardian before admission to hospital or doctor's care, whenever possible and prudent.

Primary Doctor: _____ Phone: _____

Please List any Important Information or Instructions:

Allergies and/or Medication:

Medical History (If necessary, use back of this sheet)

Currently under Doctor's supervision, care or receiving treatments of anykind? ___ Yes ___ No (If yes, explain on back)

Date of Last Tetanus Shot: ___/___/___ Other Shots: Hepatitis A ___ Hep B: ___

Hospital: _____ Insurance Provider: _____

Policy #: _____ Group #: _____ Phone: _____

*This form must be completed and returned to Harbour Shores Church, 8011 E. 216th Street, Cicero, IN 46034 in order to participate in any H.S. C. Youth or Children's Ministry Activity which is more than one hour from home, above normal physical requirements, overnight activities, or as deemed necessary by the leadership. **This medical release will be kept on file until June 1, 2018.**