

Huntington Chapel Youth Ministry Grades 6-12

Medical Release Form

Parent/Guardian Information			
First Name		Last Name	
Phone	()	Alternate Phone	()
Street Address			
Town		Postal Code	
Email address			
Health Insurance Carrier		Health Insurance Policy #	
Family Doctor Name		Family Doctor Phone	
Other Emergency Contact if Parent/Guardian cannot be reached			
Contact Name		Contact Phone	
Student Information			
First Name		Last Name	
Gender		Date of Birth	
Student Phone			
Student Email			
Grade Fall 2020		School Name	
Environmental Allergies			
Food Allergies			
Medical Information pertinent to emergency medical care			
Rules of Conduct and Behavioral Expectations			
No possession or use of alcohol, drugs or tobacco. No student may drive during any organized event. No fighting, bullying, weapons, fireworks, lighters or explosives. No offensive or immodest clothing. Sleeping areas are separated by gender. Refrain from using profanity, course joking/conversations. Respect others' property. Respect authority of adult leaders. Respect and comply with event schedules and stay with the group. Students who fail to comply with these expectations may be sent home at their parents' expense.			
Student Agreement			
I, the student, have read and agree to comply with the above Rules of Conduct and Behavioral Expectations.			
Student Signature		Date	
Parent Agreement			
I/We have legal custody of the above student and consent for him/her to attend any youth ministry event that is being sponsored by the Huntington Chapel from this date through September 1, 2021. I understand that some events may require that the student may be transported in the personal or rented vehicles driven by other parents, adult leaders or church staff. I/We understand that every safety measure will be taken when transporting my child to and from these events and I will not hold the drivers or church liable for any accident beyond their control. In the event that my child is injured while under the care of the Huntington Chapel and its representatives and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician and authorize the leaders of the Huntington Chapel to make any medical decisions regarding my child if myself or the emergency contact are able to be contacted. I/We understand the nature of the events and do hereby release the Huntington Chapel and its representatives from any liability due to accident or injury incurred by my child.			
Parent/Guardian Signature		Date	
*Note: Pictures and videos are often taken during events for promotional purposes. Your signature above is your consent for any videos and pictures to be used for these purposes. Student names will never accompany their picture or video.			