



## Hollowell Student Ministry 2019-2020 Activity Consent Form

### Student Profile Information:

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

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Gender: \_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact:

Parent/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_\_

### Insurance Information:

Insurance Provider: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_

Primary Care Physician Name: \_\_\_\_\_

Physician Phone: (\_\_\_\_) \_\_\_\_\_

**See back to complete Medical Information.**

**Medical Information:**

Please list any allergies or medical conditions:

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Do any of the above listed allergens require the use of an epipen? \_\_\_\_\_

Do any of the above listed medical conditions limit physical activity (please explain)?

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Please list medications and special instructions:

Medicine: \_\_\_\_\_ Time(s) to be taken: \_\_\_\_\_

Amount to medication to be taken per dosage: \_\_\_\_\_

Maximum amount of medication to be taken in one day: \_\_\_\_\_

Total quantity of medication needed: \_\_\_\_\_

**Medical Liability Release**—please read carefully

The student ministry staff is very concerned about the safety and welfare of our students and will do their best to monitor administration of medication during over-night events. The undersigned acknowledges that although the child may have specific medical needs, Hollowell Church student staff is not the parent of this child. The undersigned, hereby releases Hollowell Church, its employees and student staff from any liability for injury or illness that my child may sustain in the administration of or non-administration of my child's medication.

In the case of emergency, I hereby authorize Hollowell Church student staff as agent for me, to consent to any necessary medical, dental or surgical treatment and hospital care required for my child. I understand that every effort will be made to contact me in the case of emergency.

The above medical insurance information is accurate and current. I agree that my child will be covered by my personal medical insurance if applicable. I will be responsible for any costs not covered by insurance.

### **Consent to Transport and Participate**

I give permission for my child to participate in Hollowell Student Ministry events. I understand that Hollowell Student Ministry hosts events on church property but may take part in events outside of the county, state, or country. I give permission for my child to be transported in vehicles operated by Hollowell Church Student Ministry adult staff in accord with the church's policy regarding transportation of children. Vehicles used could be church vehicles, personal vehicles or vehicles borrowed or rented from other entities. **I acknowledge that my child's presence and participation at such events will be recognized as my having given consent to participate.**

I, as the parent or guardian of the above-named child, hereby release Hollowell Church, its employees and student staff of liability resulting from transportation or involvement in activities with Hollowell Student Ministry, whether on or off of church property, and assume the risk of allowing my child to participate in events with the Hollowell Church Student Ministry. **I acknowledge that I have been notified that if, in the sole discretion of Hollowell Church student staff, my child refuses to demonstrate appropriate conduct, I may be contacted to retrieve my child at my own expense.**

By signing this consent form you are acknowledging that you have read it in its entirety and agree with the above releases of liability.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*This release form is valid from 9/1/2019 to 8/31/2020.*