HOPE STUDENT MINISTRIES

:: PERMISSION FORM AND MEDICAL FORM 2007 ::

STUDENT'S NAME _____
LAST MI FIRST

BIRTHDATE _____/_____/_____ 2007 GRADE LEVEL _____

STREET ADDRESS _____

CITY_____ ZIP_____ PHONE (_____) _____-_____

FATHER/GUARDIAN _____ WORK (_____) _____-_____ CELL (_____) _____-_____

STREET ADDRESS (IF DIFFERENT THAN STUDENT'S) _____

CITY _____ ZIP_____ PHONE (_____) _____-_____

MOTHER/GUARDIAN _____ WORK (_____) _____-_____ CELL (_____) _____-_____

STREET ADDRESS (IF DIFFERENT THAN STUDENT'S) _____

CITY_____ ZIP_____ PHONE (_____) _____-_____

INSURANCE COMPANY _____ CLAIMS PHONE (_____) _____-_____

GROUP NUMBER_____ POLICY/ID NUMBER_____

STUDENT'S PHYSICIAN_____ PHONE (_____) _____-_____

IS STUDENT CURRENTLY ON ANY MEDICATIONS? (CHECK ONE) YES _____ NO_____

MEDICATION_____ DOSAGE_____ PHONE #_____

DOES THIS STUDENT HAVE ANY ALLERGIES? (CHECK ONE) YES_____ NO_____ EXPLAIN BELOW:

_____

ARE THESE ALLERGIES LIFE THREATENING? (CHECK ONE) YES_____ NO_____ EXPLAIN BELOW:

_____

DOES THIS STUDENT HAVE ANY PHYSICAL, EMOTIONAL, MENTAL OR BEHAVIORAL CONCERNS OR LIMITATIONS THAT OUR STAFF SHOULD BE AWARE OF? PLEASE EXPLAIN BELOW:

_____

EMERGENCY CONTACT: (IF PARENTS CAN NOT BE REACHED)

NAME_____ RELATIONSHIP_____ PHONE (_____) _____-_____

CONSENT FOR MEDICAL TREATMENT

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in the activity described above. Except for gross negligence on the part of the sponsor, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

_____

Signature of Parent or Guardian Date