Activity Permission Form: Medical & Liability Release

Children's Ministries at Hillsboro Nazarene Church

1390 NE 21st Ave. Hillsboro, OR 97124 PH: 503-640-3685

Child's Name: _____

Grade: _____ **Date of Birth:** _____ **Gender: M / F**

Address:_____

City/Zip: _____ **Phone:** _____

Hereinafter, my child has permission to both travel with and participate in the activities of the Children's Ministries of the Hillsboro Nazarene Church from June 1, 2018 through and including July 1, 2019.

Emergency Medical Release:

I hereby give consent to any emergency medical treatment deemed necessary by the Hillsboro Nazarene Church's appointed medical team during the above mentioned student's involvement at events. I recognize that when my child attends events, he/she will be exposed to the physical risks involved in activities related to the events. I absolve Hillsboro Nazarene Church and any other adults connected with these activities of liability for any accident or illness which might occur. I also accept responsibility for expenses incurred through such treatment. I am not aware of any physical limitations that would hinder my child from participating at events, and my child has permission to participate.

Transportation Release:

I hereby give consent to any emergency medical treatment deemed necessary by Hillsboro Nazarene Church's appointed transportation team and any other adults connected with transporting the above mentioned student to and from events. I absolve Hillsboro Nazarene Church and any other adults connected with transportation of liability for any accident or illness which might occur.

Publication Release:

I hereby give permission for Hillsboro Nazarene Church to use any photo or video taken during events, of my family in publications. I release my right to any kind of remuneration for said photos or video.

Signature:_____Date:_____

Confidential Medical Information

Parent / Guardian: _____ Phone: _____

Alternate Contact: _____ Phone: _____

Child's Physician: _____ Phone: _____

Do you have medical Insurance? ( ) Yes ( ) No

Medical Insurance Carrier: _____

ID or Health Record Number: _____ Group Number: _____

Food allergies ( ) Yes ( ) No If yes, list all:

_____

Medications taken on a routine basis ( ) Yes ( ) No If yes, please list:

_____

Date of last tetanus shot: _____ Does your child have asthma? ( ) Yes ( ) No

Please list other conditions / surgeries we need to be aware of in case of an emergency:

_____

_____

_____