

Huntington Chapel AGAPE Youth Group Medical Release Form 2022/2023

Student Name	_____	Gender	_____
Current Grade	School _____	D.O.B	_____
Student email	_____	Student phone	_____
Parent/Guardian _____			
Parent email	_____	Parent phone	_____
Emergency Contact	_____	Emergency Contact Phone	_____
Medical Insurance Company	Policy # _____	Group # _____	

Medical History Please describe any medical history that might limit your student's ability to participate in activities. Please attach additional information as needed:

Allergies _____
Date of last Tetanus shot _____ Dietary Restrictions _____

STUDENT CODE OF CONDUCT:

No possession or use of alcohol, drugs, or tobacco. No students can drive during any organized event. No fighting, bullying, weapons, fireworks, lighters, or explosives. No offensive or immodest clothing. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Refrain from using profanity, course joking/conversations. Respect property and one another. Respect the 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 the rules of conduct and the above evaluation of my health and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

PARENT AGREEMENT

I have legal custody of the student who signed above and give consent for them to attend any youth ministry event sponsored by Huntington Chapel from 12/30/22 – 8/30/23.

I understand that transportation might be required to these events and parents, adult leaders, and church staff will be driving their own personal vehicles or rented vehicles (in some cases hired bus drivers may drive). I 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 the attention of a doctor, 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 none of the emergency contacts are able to be contacted.

I further agree to hold the licensed physician, the medical facility, the Huntington Chapel and its representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I 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.

Signed _____ 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 in this way.