

Jr/Sr High: Grades 6-12

The Huntington Chapel Youth Ministry Medical Release Form

Please Print in Ink **Effective: July 11th 2023 to August 30th 2024** (Page 1 of 2)

Student Name: _____ Age _____ D.O.B. _____
Grade Going Into _____ Student's School _____ Male/Female
Address _____ City _____ State _____ Zip _____
Student's E-mail _____
Student Phone _____ Cell/Pager _____
Medical Insurance Company _____
Policy # _____ Group # _____
Mother's Name _____ Phone: Home _____
Work _____ Cell _____ E-mail _____
Father's Name _____ Phone: Home _____
Work _____ Cell _____ E-mail _____
Emergency contact if a parent/guardian cannot be contacted:
Name _____ Phone: Home _____
Work _____ Cell _____
Physician _____ Office Phone _____
Dentist _____ Office Phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student.

If necessary, add another page with details:

- Does your child have allergies to:
Pollens Medications Food Insect Bites Other: _____
Please Describe _____
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following: Asthma Epilepsy/seizures Heart Trouble Diabetes
Frequently Upset Stomach Physical Handicap Other
- Does your child have any dietary limitations such as:
No meats Gluten-Free foods Other: _____
- Date of last tetanus shot: _____
- Does your child wear: Glasses Contacts
- Please list and explain any major illnesses the student experienced during the past year:

Additional Comments: Should this student's activities be restricted for any reason?

REQUIRED INFORMATION ON BACK: PLEASE TURN OVER*****

For your information, we expect each student to confirm and follow these rules 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/We have legal custody of the student who signed above and give consent for him/her to attend any youth ministry event in the state of Connecticut that is being sponsored by the Huntington Chapel from July 11th 2023 through August 30th 2024

-I/We understand that transportation might be required to these events in Connecticut 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/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 out of 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/We 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/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.

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.