Hebron Church Family Life Ministry

Medical Release & Permission Form

Effective dates through the end of the current Ministry Year August 31, 2024.

8. Should this child's activities be restricted for any reason? Please explain:

NAME				Age	Birthda	у	
LAST	FIRST		MIDDLE				
Current Grade	_	☐ Female	e Cell Pho	one		-	
Address		City		State		Zip	
T Shirt Size							
Medical insurance company —			—— Policy #	#			
Mother's name		—— Ce	II Phone		Email		
Father's name		Ce	II Phone		Email		
Emergency contact		Ce	II Phone		Email		
Physician			Office ph	ione			
Modical History							
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 it to this form. Please include names of medications and dosages that must be taken.							
Check the following areas of co	oncern for this	s student.	If necessary,	add another pag	ge with detai	ls:	
 For your child's safety and out good swimmer 	ır knowledge, i fair swimme		lent a : □ non-swimr	mer			
2. Does your child have allergies pollens	to: medications	s	□ food	□ insect bite	es		
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following: asthma epilepsy / seizure disorder headaches/migraines physical handicap							
4. Date of last tetanus shot:							
5. Does your child wear @glasses @contact lenses							
6. Please list and explain any major illnesses the child experienced during the last year:							
7. Has your child been diagnosed and or is being treated for any social or behavioral disorders?							

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Media Opt Out - I do not want my child's name, image, or likeness to be included in I Social Media postings, Website promotion or Livestream. Parent Initials acknolwedge that Hebron Church captures media at all church events and it is unavo large group pictures or video and while this may occur, Hebron will seek to honor the **Hebron Church's sole purpose in capturing media is to promote, encourage, and ce	(Leaving this blank siginifies permission given) I idable in every circumstance to omit my child's image from media opt out. Parent Initials
No possession or use of alcohol, drugs, or tobacco	
No students can drive	ala matariala
No fighting, weapons, fireworks, lighters, or bombs or combustit No offensive or immodest clothing	Jie materiais
No boys in girls' sleeping areas and no girls in boys' sleeping	areas
Participation with the group is expected	
Respect property Respect one another, staff, and adult leaders	
Respect and comply with event schedules	
For your information, we expect each student to conform to these r	ules of conduct
Students who fail to comply with these expectations may be sent home a	at their parents' expense.
I, the student, have read the rules of conduct, the above evaluation of m	y health, and permission to participate in Hebron
Church activities. I agree to abide by the stated personal limitations and	code of conduct.
Student signature:	Date:
Activities may include, but are not limited to: cookouts, sports, water skill	
rollerblading, games in the park, soccer, broomball, ice skating, volleyb snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature child's participation in any event, please submit your wishes in writing to	e golf, hayrides. Note: If you desire to limit your
	my permission to attend all youth activities
NAME OF STUDENT	data / / / while an arrangle and a second
sponsored by Hebron Church (here inafter the "Church") from Today's c	late/ until renewal is necessary.
This consent form gives permission to seek whatever medical attention and its staff of any liability against personal losses of named child.	is deemed necessary, and releases the Church
I/We the undersigned have legal custody of the student named above, attend events being organized by the Church. I/We understand that the athletic event, and I/we hereby release the Church, its pastors, employed all liability for any injury, loss, or damage to person or property that may involvement. In the event that he/she is injured and requires the attention medical treatment as deemed necessary by a licensed physician. In the and/or hospital, personnel designated by the Church, I/we agree to hold demands, or suits for damages arising from the giving of such consent. This activity or any Church staff member, in the event I cannot be reach hospital for emergency medical or surgical treatment while on this trip. responsibility for any expense that may be incurred for said emergency insurance information provided above is accurate at this date and will, for the student named above. I/we agree to allow my/our student to ride insured volunteers/sponsors of the church. I/we also agree to bring my they become ill or if deemed necessary by the student ministries staff responsibility.	ere are inherent risks involved in any ministry or ees, agents, and volunteer workers from any and ay occur during the course of my/our child's on of a doctor, I/we consent to any reasonable e event treatment is required from a physician ld such person free and harmless of any claims, . Further, I do authorize the minister or sponsor of red by phone, to give consent to a physician and/or It is understood that I will assume any financial y treatment. Further, I/we affirm that the health to the best of my/our knowledge, still be in force e to/from events in vehicles driven by licensed and y/our child home at my/our own expense should member.
Parent/guardian signature:	Date: