

Youth Name: _____
Parent/Guardian Name: _____ Phone: _____
Address: _____
Birthdate: _____ Age: _____ Grade: _____
Emergency Contact other than parent: _____
Home Phone: _____ Work Phone: _____

Please list any physical disabilities or allergies which may limit your child's activities: _____

Please list any prescribed medications which your child uses: _____

Please list the reason for the medication: _____

All prescription medication must be accompanied by a Physician's Statement Form (please ask us for a form) in order for us to administer them. All prescriptions must have your child's name, and be dated within the last 6 months.

Over the counter medications (i.e., Tylenol, cold medicine, Bactine, or ointment) may be administered only with a parent's signature.

Please list any known allergies to any medication: _____

Dr. Name: _____ Phone #: () _____
Insurance Name: _____
Group #: _____ Plan #: _____
Insurance contact phone: () _____

I give my permission for any necessary over the counter medication and/or the above prescription to be administered to my child.

Parent/Guardian Signature: _____

I, the parent/guardian of the afore mentioned, give my child permission to participate in this event.

To assure the safety and health of my child, I hereby authorize and appoint as my attorney-in-fact, Harvest Christian Fellowship, and representatives of the church, to arrange for medical and dental care, and to give oral or written consent on my behalf for medical or dental treatment, including surgery deemed necessary by the licensed physician.

In consideration for being permitted to engage in this activity, I agree that the afore mentioned will abide by all express rules and requirements for the activity. For myself, and any who would claim under me, I release and discharge Harvest Christian Fellowship, its trustees, employees, and agents, from any liability resulting from loss, injury, or damage to the above named persons or property as a result of their attendance at, or participation in, this activity, excluding any liability arising solely from the negligent acts of Harvest Christian Fellowship, its trustees, employees, or agents.

Parent/Guardian Signature: _____ **Date:** _____