

HEALTH RELEASE FORM

for Recharge 2019 Youth Event on February 9-10, 2019

Name of Youth _____ Date of Birth _____
Address _____ City _____ Zip _____

Parent (s) Name _____
Address (if different from youth) _____
Home phone _____ Cell number (mother) _____
Cell number (father) _____
Alternate emergency contact: Name _____ Phone _____
Relationship to child _____
Alternate emergency contact #2: Name _____ Phone _____
Relationship to child _____

Health Insurance information: **Include a copy of the health insurance card**

Name of company _____
Policy number _____ Group number _____
Policy Holder's Name _____
Family doctor _____ Phone _____

Health History:

Medical conditions we need to know: _____

Allergies: _____
Present Medications _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I (we) cannot be reached, I give my permission for medical treatment to the physician or dentist selected by the adult leaders of the Harper Chapel United Methodist Church.

I understand that my insurance coverage will be used as primary coverage in the event a medical emergency occurs.

I understand all reasonable safety precautions will be taken at all times by the church and its agents during the events and activities. I agree not to hold the church leaders, employees and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Parent Signature _____
Date _____

For promotional and publicity purposes, I will allow my youth's picture to be taken and used. Names will not be used to identify persons in the pictures.

Parent Signature _____ Date _____