

**Hillcrest Covenant Church/Student Ministries Liability Waiver and Authorization for Medical Treatment**  
**All Events June 2010 thru June 2011**

**Student Information** *(Please print)*

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_  
School \_\_\_\_\_  
Youth's street address: \_\_\_\_\_  
City/state/zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Father's Name: \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_  
Family email address: \_\_\_\_\_ Student email: \_\_\_\_\_

**If parents or guardian cannot be reached, other person to notify in case of an emergency:**

Name: \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

**Medical Insurance Information**

Medical Plan/Insurance Company: \_\_\_\_\_  
Policy Card Information: \_\_\_\_\_  
Other Information: \_\_\_\_\_

**Health Background Information:** *(use back side for additional information if needed)*

Date of last Tetanus Shot \_\_\_\_\_  
Special Medical Conditions/Medications: \_\_\_\_\_

**Agreement to be held responsible for Child's behavior and actions**

I understand that all Hillcrest activities, events and trips are alcohol free, smoke free, and drug free and are governed by generally accepted rules of conduct and behavior.

1) I hereby agree to be held liable for my child's actions and release Hillcrest from any liability for my child's actions, in the event that such actions or behavior causes damage or injury to property or person.

2) I acknowledge that Hillcrest reserves the right to send my child home from any activity, event or trip in which my child has violated the rules of conduct including, but not limited to: drugs, alcohol, weapons, and/or blatant disrespect for authority. I agree to be financially liable for the cost of travel, accommodations and other expenses that may be incurred as a result of my child being sent home from an activity, event or trip.

**Release Statement**

In the event medical treatment is required, I understand every effort will be made to contact me (us) or the alternate listed above by telephone. I (we) hereby give permission to a physician to hospitalize, secure proper treatment for, and to inject, administer anesthesia or perform surgery for the student listed on this form. This medical treatment authorization is good for the Hillcrest Covenant Church Student Ministries Youth Events I (we) agree to indemnify and hold Hillcrest Covenant Church, its paid and volunteer staff harmless for personal injuries to others or property damage which result from my(our) son/daughter's participating in the course of activities for all events during 2010-2011. I also give permission for the use of photographs that include my son/daughter to be used in church publicity.

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_