

Hope Students Permission Form

2022

PARENT / EMERGENCY CONTACT

| | | | | |
|---------------|-------|------------|--------------|--|
| Mom | | | | |
| Address | | | | |
| Cell Phone | () - | Work Phone | () - | |
| Dad | | | | |
| Address | | | | |
| Cell Phone | () - | Work Phone | () - | |
| Add'l Contact | | | Relationship | |
| Address | | | | |
| Cell Phone | () - | Work Phone | () - | |

INSURANCE

| | | | |
|----------|-------|---------------|--|
| Company | | | |
| Policy # | | Group # | |
| Phone # | () - | Hospital Pref | |

CHILD #1 (6th - 12th grade)

CHILD #2 (6th - 12th grade)

| | | | |
|-------------------------|--|-------------------------|--|
| Name | | Name | |
| Date of Birth | | Date of Birth | |
| Known Allergies | | Known Allergies | |
| Medical Conditions | | Medical Conditions | |
| Prescription Medication | | Prescription Medication | |

CHILD #3 (6th - 12th grade)

CHILD #4 (6th - 12th grade)

| | | | |
|-------------------------|--|-------------------------|--|
| Name | | Name | |
| Date of Birth | | Date of Birth | |
| Known Allergies | | Known Allergies | |
| Medical Conditions | | Medical Conditions | |
| Prescription Medication | | Prescription Medication | |

OVER THE COUNTER (OTC) MEDICATIONS

- I give permission for an agent of Hope Students to administer OTC medications (such as Ibuprofen, Acetaminophen, Benadryl, Tums, etc.) as they see fit, without asking my permission first.
- I would like someone to contact me before administering any OTC medications.

RATED PG/PG13 MOVIE

- I give permission for my son/daughter to view a PG/PG13 movie when attending a Hope Students Event.
(For every youth event the movie will be announced on which one will be shown and you will decide if your student will attend.)

By signing below, I give permission for my son/daughter to be involved in Hope Students activities. This release will be good until December 31, 2022. I acknowledge that if my child is released from an event to return home early due to discipline violations or an illness, it will be at my/our expense. I understand that for most trips/retreats, my child will be asked to check in his/her cell phone and other electronic devices to help enhance his/her experience during the course of the event.

I/We understand all reasonable safety precautions will be taken at all times by Hope Students, and its agents during the events and activities. I/We authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Hope Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent's Name (PRINTED): _____

Parent's Signature: _____ Date: ____ / ____ / ____