

2024 HC YTH RELEASE FORM

Minor Information

Student Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Medical Information

Allergies or health conditions we should be aware of:

Health Insurance Company: _____ Policy #: _____

Physician's Name: _____

Physician's Phone: _____

Release Form

I understand that my child, (Minor's Full Name) _____, will be participating in HC YTH events during the 2024 calendar year.. I recognize that my child will have the opportunity to travel with the church, and grant my permission for my child to be included in their travels. I do not hold the church, church leaders, or church participants liable for unforeseen accidents to my child. In the event of any and all potential issues including but not limited to accident, sudden illness, or medical emergency involving my child, I hereby authorize the staff members and team members of Home Church, as adult persons into whose care the minor has been entrusted, to use their best judgment in the matter and hereby do consent to release my child into their care for the authorization of any medical treatment and/or hospital care as deemed necessary by a licensed physician. Additionally, I give full permission for my child to ride in vehicles, including but not limited to personal vehicles and church bus/van, driven by Home Church leaders, staff, and affiliates.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____ Date: _____

