

# 2015-16 Medical/Hold Harmless Form

## FAIRHAVEN CHURCH STUDENT MINISTRIES



A copy of this release may be used as if it were an original. Expires 07/01/2016.

### PARTICIPANT'S INFORMATION:

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Grade (2015-16) \_\_\_\_\_ Gender: M / F

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Emergency Contact Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

### A COPY OF YOUR INSURANCE CARD MAY BE SUBMITTED IN LIEU OF COMPLETING THIS SECTION:

Insurance Company \_\_\_\_\_

Insurance Company Phone \_\_\_\_\_

Group Name \_\_\_\_\_

Member ID \_\_\_\_\_

Group Number \_\_\_\_\_

### PARTICIPANT'S HEALTH INFORMATION:

Please list any allergies, medications being taken, medical conditions, or other important health information we should know:

May we give you/your child  
Tylenol or Benadryl as needed? \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Insured's Date of Birth \_\_\_\_\_

### FOR STUDENTS IN GRADES 6-12 ONLY:

Parents' Names \_\_\_\_\_

Mother's Cell \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_

Father's Cell \_\_\_\_\_

Father's Work Phone \_\_\_\_\_

*I (we) understand that, in the event medical treatment is required, every effort will be made to contact me (us). However, if I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia or emergency surgery, for my child's well-being.*

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### FOR YOUNG ADULTS ONLY:

*In the event that I am unable to speak and require medical treatment, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia or emergency surgery for my well being.*

Signature \_\_\_\_\_

Date \_\_\_\_\_

### RELEASE STATEMENT:

*We/I (the parents or the Young Adult) acknowledge that \_\_\_\_\_ will be participating in Student Ministries activities sponsored by Fairhaven Church located at 637 E Whipp Road, Centerville, OH 45459. The parents, on the behalf of themselves and the student, OR the Young Adult (1) release the Church from all actions, claims and demands against the Church by reason of their Child's or the Young Adult's participation in the Student Ministries activities, and (2) agree that they shall indemnify and hold harmless the Church against any and all losses, claims or damages of the Parents, Youth or Young Adult arising out of or resulting from any Student Ministries activity.*

Signature \_\_\_\_\_  
Parent, Guardian or Young Adult (18-28)

Date \_\_\_\_\_

### PHOTOGRAPH RELEASE STATEMENT:

*Regarding photographs of myself or my child(ren) taken at the activities, I give Fairhaven permission to do the following for non-profit use and without charge: use at the discretion of Fairhaven, display at a service or event, be used in a multimedia presentation, reprint and distribute for any Fairhaven non-profit publication with copyright to accompany photo when used, display on the Fairhaven website, use quotes and video clips on the Fairhaven website.*

Signature \_\_\_\_\_  
Parent, Guardian or Young Adult (18-28)

Date \_\_\_\_\_