

**2018-2019 Haymarket Church YOUTH**  
**Permission/Medical Release Form**

**Student Contact Information**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Student's School \_\_\_\_\_ Grade \_\_\_\_\_

**Student Cell Phone Number** \_\_\_\_\_

**Student Cell Phone Carrier** (AT&T, Verizon, etc.)\* \_\_\_\_\_

May we contact your student via text message and/or social media?     **Yes**     **No**

*\*In order for your student to participate in the group text alert about YOTR events, we must have permission to text **as well as the student's phone carrier.***

**Photo Permission**

May we photograph your student for the purpose of promoting the ministries of Haymarket Church in print and online?     **Yes**     **No**

**Medical Information**

Is your student currently taking medicine or treatment?     **Yes**     **No**

If yes, explain \_\_\_\_\_

Has your student been restricted from sports or swimming for any reason?     **Yes**     **No**

If yes, explain \_\_\_\_\_

Date of your student's last Tetanus Immunization: Month \_\_\_\_\_ Year \_\_\_\_\_

**Does your student have:**

- Sinus Trouble
- Heart Trouble
- Epilepsy
- Asthma
  
- Diabetes

**Allergies: Please list ANY allergies your student has:**

- Bee Sting     Insect Bite
  
- Foods: \_\_\_\_\_
  
- Does your student carry an EpiPen? \_\_\_\_\_
  
- Medications: \_\_\_\_\_

Other Medical Needs: \_\_\_\_\_

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**Parent/Guardian Information**

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Would you like to receive email communication from YOTR about activities and events?  Yes  No

Home Address \_\_\_\_\_  
*(if different from previous page)*

City/State/Zip \_\_\_\_\_

Employed by \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_ **Cell Phone Carrier** (AT&T, Verizon, etc.)\* \_\_\_\_\_

Would you like to receive **TEXT** communication from YOTR about activities and events?  Yes  No

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**EMERGENCY MEDICAL AUTHORIZATION**

In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child.

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

Policy Number: \_\_\_\_\_

If I cannot be reached, please notify:

Name: \_\_\_\_\_ Relationship to student \_\_\_\_\_

Emergency Contact Phone (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

By signing below, we, the participant and parent/guardian, acknowledge and accept the risks of physical injury associated with participation in the activities of Haymarket Church Youth Group. Except in the case of gross negligence on the part of the sponsors, we accept personal financial responsibility for any injury sustained during these activities. Further, we promise to hold harmless Haymarket Church and St. Thomas United Methodist Church for any injury related to these activities. If a dispute over this agreement or any claim for damages arises, we agree to resolve the matter through a mutually acceptable arbitration process.

Parent/Guardian Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

***Form continues on reverse side.***