



Hope Center Covenant Church Consent/Release Form

Student Information:

Student Name _____ Phone _____

Address _____ City _____ Zip _____

Age _____ Birthday _____ Student Email _____

I give permission for my above-named child to join (please Circle one of the following)

St. 56 (5th & 6th Grade)

Impact (7th & 8th Grade)

Max (High School)

of Hope Center Covenant Church in participation of _____

Write name of activity/event

on the following date _____.

Date of event

I hereby release Hope Center Covenant Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this excursion. I/we further understand that we and/or our insurance carrier assume full responsibility for all payments and costs of said emergency treatments. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. I also authorize any use of photos or videos for promotional purposes.

Medical Information:

Allergies _____ Medications being taken _____

Physical handicaps or limitations _____

Medical Insurance Company _____ Medical # _____

Parent Information

Parent Name _____ Email _____

Emergency Phone Number _____

Signature of Natural Parent or Legal Guardian

Date