

**2008 Harvest Outreach Church of the Assemblies of God  
Medical Release & Permission Form**

**STATEMENT OF HEALTH**

Must be completed with authorization-release statement signed

Student's Name \_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Grade \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Student's SSN \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
Cell Phone(s) \_\_\_\_\_  
Second Parent or Emergency Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Co. Address \_\_\_\_\_  
Insurance Co. Phone \_\_\_\_\_  
Name of Policy Holder \_\_\_\_\_  
Birth Date of Policy Holder \_\_\_\_\_

**HEALTH HISTORY** – *Please check all that apply:*

Allergies \_\_\_\_\_  
 Lung Trouble/Asthma \_\_\_\_\_  Cardiac or Kidney Problems \_\_\_\_\_  
 Diabetic \_\_\_\_\_  Seizures \_\_\_\_\_  
 Restricted Activities \_\_\_\_\_

Current Medications (send instructions) \_\_\_\_\_  
\_\_\_\_\_

Date of Tetanus Booster \_\_\_\_\_  
Penicillin or Drug Reaction \_\_\_\_\_  
Carrier of Infectious or Contagious Disease? \_\_\_\_\_ If Yes Explain \_\_\_\_\_

Is the applicant's immunization records up to date?  yes  no (Do not send records)  
Other health information we should know \_\_\_\_\_

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*\*Information will be kept confidential and be used only in an emergency.*

**PARENTAL AUTHORIZATION AND CONSENT-LIABILITY RELEASE STATEMENT**

**HEALTH:** This health history is correct to the best of my knowledge. IN CASE OF EMERGENCY, and when I am unable to be contacted, I hereby give permission to the local physician to hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.

**ACTIVITIES:** I understand that by signing this form I am giving permission for the listed student to participate in all activities. Every activity is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in activities. They also agree to not hold Harvest Outreach Assemblies of God, its' employees or volunteer assistants, liable for damage, losses and injuries to the person or property undersigned.

**PICTURES & VIDEOS:** We authorize Harvest Outreach Church to use our child or youth's likeness in photographs or video in any and all of its publications and other media. We will make no monetary or other claim against the church for the use of such photos or videos.

**Parent or Guardian's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_



I, (student's name) \_\_\_\_\_ agree to conduct myself in a Christ-like manner while attending the events of Harvest Outreach Church. I will attend all required meetings and cheerfully submit to those in authority over me. I will also obey any rule which may be implemented for a specific event. I realize that failure to adhere to these guidelines will mean disciplinary action and possible dismissal from the event and return home at my parent's expense.

**Signed** \_\_\_\_\_ **(student)**

**Date** \_\_\_\_\_

**Harvest Outreach Church of the Assemblies of God  
1155 21<sup>st</sup> Ave. North (church)~~~1021 Center St. South (office)  
Wahpeton, ND 58075  
701-642-1735 (church)~~~642-9445 (office)**