

Harvest Family Academy Student Medical Release Form

Student Information

Student's Full Name _____

Address _____

City _____ State _____ Zip _____

Age _____ Birthdate _____ Boy Girl

Parent/Guardian Information

Father's/Guardian's Name _____

Mother's /Guardian's Name _____

Father's Cell Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Mother's Work Phone _____

Emergency Information

Medical Insurance: Name of Family Physician _____

Phone _____ Do you carry family medical /hospital insurance? Yes No

Carrier name _____ Phone _____

Group Policy Number _____ Name of Policy Holder _____

Secondary Emergency Contact (If we are unable to reach you, please list a secondary contact person whom we can call. This contact person must be someone not living in the same household).

Name _____ Day Phone _____

Relationship _____ Evening Phone _____

Medical Information: Please check Yes or No for each question. If yes is checked, please give approximate dates of occurrences, and indicate whether mild or severe.

Medical Conditions

Yes No Does this student have asthma? _____

Yes No Has this student ever had convulsions? _____

Yes No Does this student have diabetes? _____

Yes No Does this student have a heart defect? _____

Yes No Does this student have any other medical conditions or diseases? _____

Medications

Yes No Does this student take any prescription medications? If yes, please list: _____

What is the reason for taking the above medication? _____

Yes No Is this student allergic to any medications? If yes, please list: _____

Allergies

Yes No Does this student have any allergies? If yes, please list: _____

Limitations

Yes No Does this student have physical limitations? _____

Yes No Are there any activities from which this student should be restricted? If yes, please list _____

Other Details

Yes No Are immunizations current? _____

Date of last Tetanus shot _____

This form must be signed by the student's Parent or Legal Guardian.

INDEMNITY AND CONTRACT AGREEMENT:

I will not hold or attempt to hold Harvest Family Church/Academy liable for any loss, damage, or injury to persons or property caused by any act or neglect of other persons, or caused in any manner other than the willful or negligent act of Harvest Family Church/Academy, its agents and employees, and will indemnify and hold Harvest Family Church/Academy harmless from any liability for damages or claims against Harvest Family Church arising out of or in any way related to any such loss, damage or injury.

I release Harvest Family Church/Academy, including its trustees, employees and agents, from me or my child's physical injury, including death, or illness while travelling to and from and while attending classes. I/We will assume the risk associated therewith, whether known or unknown to me/us at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

Authorization for Treatment: Full disclosure concerning the student's medical history must be made. If full disclosure is not made in advance, we will be forced to refuse the camper, and the parents will be forced to pick up the student immediately.

The health history is correct as far as I/We know, and the student listed above has permission to attend Harvest Family Academy and to engage in all class activities except as noted. I/We hereby authorize the staff or designated medical professionals to dispense over-the-counter medications as needed to the student listed above.

I hereby irrevocably consent to and authorize the unrestricted use and reproduction by you or anyone authorized by you, of any and all photographs and/or video images which you have taken of the student listed above, for use within the scope of Harvest Family Church/Academy Ministries.

X _____ Print Name _____ Date _____
Signature of Parent or Legal Guardian