

HCC Student Ministry Permission Form

I do hereby give permission for my son/daughter, _____ to attend the _____ event in _____, _____ on _____, _____, sponsored by the Student Ministry Department of Heritage Community Church. My permission is also granted for the adult chaperones of Heritage Community Church in charge to obtain necessary medical attention in case of sickness or injury to my son/daughter while on this event, and I understand that I will be responsible for any expenses incurred. I, the undersigned, do hereby verify that the below information is correct and I do hereby release and forever discharge all sponsors of The Student Ministry Department and Heritage Community Church, demands, actions or cause of action, past, present, or future arising out of any damage or injury while my son/daughter is participating in this event.

Dated this _____ day of _____, 20____ State of Florida County of Lake

Parent Signature _____

On this the _____ day of _____, 20____, personally appeared before me _____ personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal.

Notary

My Commission Expires:

Student Name _____ Age/Grade _____/_____

Address _____ Phone # _____

In Case of Emergency _____ Phone # _____

Family Doctor _____ Phone # _____

Insurance Company _____ Phone # _____

Policy# _____

Immunizations: _____ Tetanus _____ Polio _____ Measles _____ Mumps

Past Medical History:

_____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart

_____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever

Allergies:

Food _____ Penicillin or other drug _____

Insectbites _____ Poison Oak, Ivy, Sumac _____

Other _____

Previous Surgery _____

Current Medications _____

Childhood Diseases:

_____ Chickenpox _____ Measles _____ Mumps _____ Whooping Cough

_____ Other: _____

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD WITH THIS REGISTRATION.