

**HBC ELEVATE
PERMISSION SLIP FOR ALL ACTIVITIES 2017-2018**

STUDENT NAME: _____

GRADE: _____ **SCHOOL:** _____

STUDENT CONTACT # (IF APPLICABLE) _____

STUDENT EMAIL ADDRESS (IF APPLICABLE) _____

ADDRESS: _____

STUDENT DOB: _____

PARENT NAME (S): _____

PARENT CONTACT # _____

PARENT EMAIL ADDRESS: _____

EMERGENCY CONTACT # _____

INSURANCE INFORMATION:

POLICY/GROUP # _____

POLICYHOLDER NAME: _____

RELATIONSHIP TO STUDENT: _____

EFFECTIVE DATE OF COVERAGE: _____

IMPORTANT MEDICAL AND ALLERGY INFORMATION:

Does your student have any allergies? ___ YES ___ NO

Date of last tetanus shot: _____

Medical allergies: _____
Reaction/Management: _____

Food allergies: _____
Reaction/Management: _____

Insect stings: _____
Reaction/Management: _____

Asthma: _____
Reaction/Management: _____

Please check all medications your child is allowed to receive from HBC personnel:

___ Acetaminophen (Tylenol) ___ Ibuprofen (Advil, Motrin, etc.)

___ Antihistamines (Benadryl, etc.) ___ Cold Medicine

___ Pepto Bismol ___ Antacids (Tums, etc.)

___ Anti-diarrheal (Imodium, etc.)

PERSONAL MEDICATION:

Please list all medication (including non-prescription drugs) taken routinely. Keep medication in original packaging/bottle that identifies the name of the medication, the dosage, and the frequency of administration.

___ Student takes NO medication on a routine basis

___ Student takes medications as follows:

Med #1 _____ Dosage _____
Specific times taken each day _____

Med #2 _____ Dosage _____
Specific times taken each day _____

Med #3 _____ Dosage _____
Specific times taken each day _____

EMERGENCY MEDICAL RELEASE AGREEMENT:

1) I/we hereby give permission for my/our child, who is a minor, to attend HBC Middle School events and to fully participate in the activities offered for his/her age group. In the event of an emergency or sickness, I/we authorize HBC leaders to secure medical treatment for my/our child, to be administered by authorized agents or agencies, as designed by adult leaders.

2) I/we authorize HBC to administer those medications to my/our child, which is indicated by a checkmark on this form according to the prescribed directions for each. If spaces are left blank HBC leaders will not dispense that particular medication unless physician or parent/guardian is contacted for approval.

3) I/we agree to waive and release Harvest Baptist Church, its employees and volunteers from any claim or cause of action that might arise on behalf of myself/ourselves or my/our child as a result of his/her participation in any event. Furthermore, I/we agree to assume all responsibility for my/our child's actions including, but not limited to, the cost of repair or replacement for items damaged by willful abuse for my/our child and/or transportation costs, should it become necessary for my/our child to be sent home for medical or disciplinary reasons prior to the conclusion of this event.

By signing below I (parent/guardian of student under 18) agree and consent to all above stated.

Name of parent or legal guardian: _____

Signature _____

Date: _____

I give permission for Harvest Baptist Church Middle School Leaders to post appropriate pictures of my child on the HBC Elevate Facebook and/or Instagram pages.

Yes _____ No _____