

Hanover First Church of God Release Form

We (I) give permission for our (my) child, _____
to attend and participate in **UPRISE** on **September 13-15, 2019** with the Hanover First
Church of God (hereafter HFCOG) the ROCK Youth Ministries.

We (I) hereby release HFCOG, its staff and volunteer youth workers from responsibility
and liability for any injury or illness that our (my) child may sustain during the activity
listed above.

We (I) authorize an adult leader as an agent for us (me) to consent to an 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 the services are rendered either at a doctor's office,
any hospital or other clinic. We (I) expect to be contacted as soon as possible.

We (I) shall be liable and agree to pay all costs and expenses incurred in connection
with such medical and dental services rendered to the aforementioned child pursuant to
this authorization. Should it be necessary for our (my) child to return home due to
medical reasons or otherwise, we (I) shall assume transportation responsibilities and
costs.

We (I) will notify HFCOG of any changes in our (my) child's medical information.

_____ _____ _____
Signature of parent or legal/guardian Print Name of Parent Date

Medical Information (if you need more space, use the back of this release form)

Allergies:

Medications currently being taken:

Physical Limitations (Handicaps):

Name of Medical Insurance Company: _____

Name of Member on Insurance Card: _____

Policy/Group Number: _____

Your Home Address: _____ Your Home Phone #: _____

_____ Your Cell Phone #: _____

_____ Your Work Phone #: _____

Name/Phone Number of an emergency contact:
