

## Hanover First Church of God Release Form

We (I) give permission for our (my) child, \_\_\_\_\_  
to attend and participate in **Youth Day** on **September 22, 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 card 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:**

\_\_\_\_\_