

# 2011 Emergency Information Card

(this will be kept on file until Dec. 31, 2011)

Student Name \_\_\_\_\_ Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Secondary Phone/Cell ( ) \_\_\_\_\_  
 In case of emergency please contact: \_\_\_\_\_  
 Relationship to Student: \_\_\_\_\_ Medication(s) not to be given: \_\_\_\_\_  
 Are there any special medical needs, or other special circumstances for which we should be aware?

In case there is a medical emergency, I understand that every effort will be made to contact me prior to the administering of any medical treatment. In the event that you are unable to reach me, I grant the leadership of Harvest Community Church, permission to seek emergency medical treatment. Further, in the event I cannot be reached by phone, I grant permission to the leadership of the Harvest Youth leadership, to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. Further, I do certify that said student is covered by adequate accident insurance. My consent and signature is given below.

I have read and agree to the information given in this form.  
 Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_  
 (Student may sign only if over 18 yrs)

Student (If over 18 yrs) \_\_\_\_\_ Date: \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Claims #: ( ) \_\_\_\_\_ Doctor Name/#: ( ) \_\_\_\_\_

## DISCIPLINE AND LIABILITY FORM

(To Be Read and Signed By BOTH Parent AND Student)

Initials \_\_\_\_\_  
 \_\_\_\_\_ We, the student and parent, understand that all students participating in any Harvest Youth Ministry activity or trip, are expected to abide by the program rules and be directly responsible to the Harvest Youth Ministry Adult Staff.

\_\_\_\_\_ We, the student and parent, understand that the Student Directors assume responsibility for discipline. The needs and safety of the entire group will not be compromised due to the behavior of one individual. If necessary, because of misconduct or disobedience, the Student Directors may require the student to leave an activity or trip. In such instance, the parents of said student will assume full responsibility for returning the student home.

\_\_\_\_\_ We, the student and parent, understand that the possession or use of any of the following items will constitute immediate removal from an activity or trip under the terms stated above: tobacco, alcohol, illegal drugs, guns, knives, firearms, other deadly weapons, or pornographic material.

Further, I do release and hereby agree to hold blameless, Harvest Community Church and it's employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the Youth Ministry. I also release the lessor of properties on which activities are held.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_