



Hope Student Ministries

Trip and Event Medical Release

Participant Information

Name: _____

Birth Date: _____

Address: _____

PARENTAL CONSENT FOR MEDICAL TREATMENT: I, the parent or guardian of the participant listed above, a minor, do hereby authorize adult workers with the youth of the Hope Presbyterian Church to administer over the counter medication if needed, consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such services.

I am the parent and/or legal guardian of the participant listed above and I agree to the terms contained in this document.

Parent/Guardian (Print Name)

Parent/Guardian (Signature)

Date

Student Emergency Information Sheet

Name: _____

Insurance Company

Policy Number

ID Number

Participant's Name

Participant's Birth Date

Participant's Employer

Employer's Address

Employer's Phone

Allergies/Medical
Conditions/Prescriptions

Emergency Contact

Emergency Contact Phone

Relationship to Student