

STUDENTS MINISTRY of
HOPE CHURCH ANDERSON, INC.
WAIVER OF LIABILITY, MEDICAL RELEASE AND CONSENT TO PARTICIPATE
June 1, 2025 – May 31, 2026

NAME OF MINOR _____ DATE OF BIRTH _____
GRADE LEVEL AS OF JUNE 1st _____ SCHOOL _____ GENDER (M/F) _____
HOME PHONE _____ EMAIL _____
HOME ADDRESS _____
CITY _____ STATE _____ ZIP _____
PARENT/GUARDIAN NAME(S) _____
PARENT/GUARDIAN MOBILE PHONE(S) _____
PARENT/GUARDIAN WORK PHONE(S) _____
PARENT/GUARDIAN EMAIL(S) _____
ALTERNATE EMERGENCY CONTACT _____ RELATIONSHIP TO MINOR _____
HOME PHONE _____ MOBILE PHONE _____
NAME OF MEDICAL INSURANCE COMPANY _____
POLICY NUMBER _____ GROUP NUMBER _____
FAMILY DOCTOR _____ DOCTOR'S PHONE _____
ALLERGIES _____
MEDICATIONS/DOSAGE _____
CHRONIC ILLNESS _____ DATE OF LAST TETANUS SHOT _____
OTHER HEALTH INFORMATION _____

I, the undersigned, hereby give permission for my minor child (named above) to attend this event sponsored by Hope Church Anderson, Inc. and its ministries (hereafter referred to as "HC") and to participate in all related activities and ministry events from June 1, 2025 to May 31, 2026.

1. I authorize an adult to provide emergency first aid and consent to ambulance, paramedic, x-ray examination, anesthetic, medical, surgical, or dental diagnosis and/or treatment and/or hospital or clinical care to be rendered to my child under the general or special supervision and on the advice of any licensed physician or licensed dentist or on the medical staff of a licensed hospital or clinic, whether such diagnosis or treatment is rendered at the office of said physician, dentist or at said hospital or clinic.
2. I agree to be liable for and pay all costs and expenses incurred in connection with such ambulance, medical, dental and hospital services rendered to my child pursuant to this authorization. If it is necessary for my child to return home due to medical or other reasons, I agree to pay for all transportation costs.
3. I give permission for my child to ride in any vehicle designated by an adult leader or chaperone from or affiliated with HC while participating in the activity. I agree to hold the driver and/or owner of any such vehicle harmless for any accidents or injuries that may be sustained as a result thereof.
4. I understand there are risks of bodily injury, disability, paralysis and/or death to my minor child and damage to property in any event that involves travel or other activities. I agree to assume and incur all the risks that may be encountered by my child and to my property in this event and all related activities to the extent permitted under Indiana law.
5. I agree to release and hold harmless HC and their members, employees, volunteers and agents from any and all liability, actions, causes of actions, claims, expenses and damages on account of any and all negligence of any HC member, volunteer, agent or any person participating in or person attending the event which results in injury to or death of my child or damage to my property, which I now have or which may arise in the future on behalf of my child or of my own in connection with this event and all related activities to the extent permitted under Indiana law.
6. I agree to indemnify HC for any and all claims and/or lawsuits arising out of any injury or death to my child, medical treatment to my child, or damage to my child's or my property.
7. I release to HC all right, title, and interest for any likeness of my child in photographic images and/or video or audio recordings made by HC and its agents during my child's participation in this event and give permission for such to be used for promotional purposes in printed and/or electronic media.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

PRINTED NAME _____

**HOPE CHURCH PARENT PERMISSION TO ADMINISTER MEDICATIONS:
June 1, 2025-May 31, 2026**

Student's Name: _____ Date of Birth: _____

While a student is in the care of our Student Ministry, medical personnel can administer medications to a student during meetings, events, retreats, and camps only when failure to do so would jeopardize the health of the student. In the case of nonprescription drugs, written authorization from the parent must be on file prior to administration of the treatment.

Please initial dose below; my child may receive the appropriate dose of:

1. Acetaminophen (i.e. Tylenol), 325 mg/tablet
____ 12 years and older, 1-2 tabs or liquid equivalent (180 mg/teaspoon)
____ under 12 years old, dosage by weight
____ No

2. Ibuprofen (i.e. Motrin), 200 mg/tablet
____ 110 lbs. or more, 1-2 tablets or liquid equivalent
____ Less than 110 lbs., dosage by weight
____ No

3. Benadryl
____ 12 years and older, 1-2 tablets (25 mg/tablet)
____ No

4. Cough drops
____ 1 as needed, not to exceed 3 lozenges/day
____ No

5. Hydrocortisone Cream 1% as needed
____ Yes
____ No

I hereby give my permission for medical personnel to provide my student with the above-initialed medications when appropriate.

Parent/ Guardian Signature: _____ Date: _____