



# GENERAL PERMISSION FORM, RELEASE & MEDICAL AUTHORIZATION FOR EVENTS ON AND/OR OFF CAMPUS

## Child/Student Information:

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M or F (circle one) Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Mom's Cell Phone: \_\_\_\_\_

Mom's Email: \_\_\_\_\_ Dad's Name: \_\_\_\_\_

Dad's Cell Phone: \_\_\_\_\_ Dad's Email: \_\_\_\_\_

Name and number of person other than parents to notify in case of an emergency:

\_\_\_\_\_

## Insurance/Physician Information:

Insurance Co. Name and Address: \_\_\_\_\_

Hospitalization Policy #: \_\_\_\_\_ Policy Issued under name of: \_\_\_\_\_

Family Physician Name/Phone #: \_\_\_\_\_

## Medical Information:

Is there a history of:  fainting spells?  heart trouble?  epilepsy?  diabetes?  asthma?  sinusitis?

bronchitis?  kidney trouble?  dizziness?  stomach upset?  hay fever?  other? \_\_\_\_\_

Allergies: \_\_\_\_\_

Does child/student have any special needs or medical conditions that HNW needs to be made aware of?

Y or N (circle one) If so what? \_\_\_\_\_

List any current medications: \_\_\_\_\_

List any previous operations or serious illness: \_\_\_\_\_

Immunizations:  Current  Not current (state the reason) \_\_\_\_\_

Tetanus shot? Y or N (circle one) Date of last tetanus shot: \_\_\_\_\_

Any special dietary needs? \_\_\_\_\_

## CONSENT INFORMATION

I \_\_\_\_\_ being the parent and/or legal guardian of \_\_\_\_\_ a minor child, hereby acknowledge that said minor presently is under my care, custody and control for all events.

Should an emergency situation arise concerning my minor child which situation necessitates medical or surgical attention and I are unavailable to give consent to such necessary treatment, I hereby give my consent and permission to Houston Northwest Church to act on my behalf in authorizing unexpected medical, dental, surgical care or hospitalization for the above named minor, and further authorize any attending physician to make such decisions and to perform such decisions and to perform such medical treatment(s) and/or surgical procedures and/or hospitalization upon the above named minor, which may, in the professional opinion of said attending physician, be necessary and proper under the circumstances of any emergency situation. I also give Houston Northwest Church and its representatives permission to transport my child at their discretion in case of emergency.

When medical treatment and/or services are provided. I understand that information regarding my insurance coverage will be made available to the providers of such services and that any and all resulting expenses will be billed directly to me.

Initial \_\_\_\_\_ This consent covers all on/off campus events through December 31, 2019

Initial \_\_\_\_\_ This consent covers all on/off campus MDO events through May 31, 2019

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Photo & Video Consent

I understand and will allow photos and videos of my child to be taken while at this event to be used in any Houston Northwest Church publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication the church will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my photographs and video therefrom, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the church from unconsented use, alteration, or republication of my photographs and video by third parties accessing the Internet/World Wide Web.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## RELEASE/INDEMNITY AGREEMENT

I hereby expressly waive and release any and all rights which I and my heirs, executors and administrators may have, against Houston Northwest Church ("Houston NW") or its agents, employees, representatives, volunteers, members, successors and assigns for any and all injuries suffered, damages and/or medical expenses incurred by me that arise out of my presence with Houston NW or at activities they have sponsored. I agree to hold Houston NW and its agents, Employees representatives, volunteers, members, successors and assigns harmless from any and all liability of any nature, which may arise from my participation or presence with Houston NW or at activities they have sponsored. I acknowledge and recognize there are inherent safety/health risks that exist by participating in any Houston NW outreach events or mission trips, specifically those that require international travel.

I agree to defend, indemnify and hold Houston NW harmless for any claims and/or lawsuits brought or filed against them by me, on my behalf, or my heirs, executors, and/or administrators which may arise from my participation or presence with Houston NW or at activities they have sponsored, including any claims for personal injuries, property damages, recovery of medical expenses and/or death claims. MY DEFENSE AND INDEMNITY OBLIGATION(S) SHALL APPLY WHETHER OR NOT A HOUSTON NW MEMBER, EMPLOYEE AND/OR VOLUNTEER MAY BE GUILTY OF ANY NEGLIGENT ACT OR OMISSION, WHETHER IT BE SOLE OR CONCURRENT, OR THEY MAY BE STRICTLY LIABLE FOR THE CONSEQUENCES OF ANY ACT OR OMISSION.

I hereby acknowledge I am of sound mind and that I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions hereinabove.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date