

**Personal Health and Medical Record Form**

Adult

Youth

Gender:  M

F

**This form is to be updated annually for all participants** for the following: regular Ignite meetings, off-site meetings, small groups, overnight trips, group activities and all other Ignite-affiliated events. This form is filled out by all participants and is on file for easy reference. To be filled out by parent, guardian, or adult participant annually.

**Student Information**    **DOB( m/d/year):** \_\_\_\_\_    **Grade (2016-17)** \_\_\_\_\_    **T-Shirt Size** \_\_\_\_\_

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

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

Student Email \_\_\_\_\_ Student Cell \_\_\_\_\_

How'd you hear about Ignite? \_\_\_\_\_

**Parent/Guardian Information**

**Child is under custodial care of (circle all that apply):**

**Both parents**

**Mother only**

**Father only**

**Guardian(s)**

Parent/Guardian Name(s) \_\_\_\_\_

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

Email(s) \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_

**Allergies/Special/Medical Needs**

**Current Medications**

**Emergency Contact Information**

In addition to the parent(s)/guardian(s) listed, this student may be released to the following person(s):

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Primary Physician**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_ Phone \_\_\_\_\_

**Transportation**

I/We understand that my child may be traveling in a personal vehicle, 12-passenger van or bus. All drivers are 21 or older and background-checked.

Signature \_\_\_\_\_

**Medical Authorization**

I/We give my permission for full participation in Hope Church youth programs. In the event that I and the other emergency contacts listed cannot be reached, I hereby give my permission to the licensed healthcare professional to secure proper treatment for my child (or for me, if participant is an adult).

Signature \_\_\_\_\_

**Image Permission**

\_\_\_ Deny permission to use my child's image

\_\_\_ Usage granted: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by Hope Church for a variety of purposes. I do understand that my child's last name WILL NOT be used in conjunction with any video or digital images.

I verify that all above information is accurate to my knowledge. I agree to notify the Hope Church Office or youth pastor of any changes or updates to my information. I release liability of Hope Church for all youth events for the 2016-2017 year.

Signature \_\_\_\_\_ Date Completed \_\_\_\_\_