

Please help us get the correct information:

Completely fill out this page, read the bottom portion of this form and sign it.

Return this entire form along with a copy of your insurance card either by mail to the church office or drop it off at the Ministry Counter.



Student's Name: _____

Allergies, Medications: _____

Parent Responsible for Medical Bills: _____

Insurance Company: _____

ID number: _____ Group number: _____

Co-Pay Amount: \$ _____ Ins. Co. Cust. Service Number: _____

Emergency contact names and numbers:

**Harvest Students
Event Participation Form
September 1, 2009-September 30, 2010**

I/We give consent for _____ (name of minor) to attend any Harvest Students events being sponsored by Harvest Bible Chapel from the month of September 2009 through September 2010.

In the event that he or she is injured while under the care of Harvest Bible Chapel and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, Harvest Bible Chapel and its representatives free and harmless of any claims, demands, or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the events and do hereby release Harvest Bible Chapel and its representatives from any liability due to accident or injury incurred by my child.

Signed: _____
