

Event: Summer Jr. High Lock-In

Event Date: August 23-24, 2017

Activities during the Lock-In:

- **Active running games**
- **Bowling**

Name of Student _____

Phone No. _____

Address _____

Male/Female _____

Birthdate _____

Age _____

Emergency Contacts (other than parents):

Name _____

Name _____

Address _____

Address _____

Phone No. _____

Phone No. _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named person, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Bus. _____

Insurance (fill in applicable spaces):

Company: _____

Policy/Certificate #: _____ Group #: _____

In signing this form, I hereby certify that this information is correct. In case of medical emergency, I understand that every effort will be made to contact the person(s) named above. In the event that person(s) cannot be reached, I hereby give permission to notify a physician; and I give permission to that physician to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for the individual named above. In consideration thereof, I agree to hold harmless Hannaford Street Bible Church and/or its agents or representatives from any and all claims for expenses incurred, if any.

I state that the information that I have provided in this form is true and correct to the best of my knowledge, and that I have not made any false statements herein. I understand that HSBC is a non-profit religious organization and that the services provided are not for monetary gain, but for Christian outreach and ministry.

I further hereby release and hold HSBC, their agents and assigns, harmless from any injury or loss Participant may suffer arising out of his/her involvement with said organization, except for negligent acts which would have been prevented if prior actual knowledge and reasonable opportunity had existed where in the negligence would have been avoided by HSBC. Except for that limited scenario, I take complete responsibility for my own acts.

Signed this _____ Day of _____, 20 ____ Signature of Student _____

Signed this _____ Day of _____, 20 ____ Signature of Parent or Guardian _____