

**Medical Release and Permission Form
Harvest Church Student Ministries (Apex Students)**

The purpose of this form is to provide Harvest Church (Harvest) with certain medical information concerning students that participate in Harvest events, and to provide Harvest with certain directions and authorizations in the event a student requires medical attention while participating in a Harvest activity.

Effective Dates: December 31, 2020 to December 31, 2021

Please Print in Ink:

Name: _____ Age: _____ Birthday: _____

Grade: _____ Gender: _____ Email: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone Number: _____ T-Shirt Size: _____

Medical Insurance Company: _____ Policy #: _____

Mother's Name: _____ Phone: _____

Father's Name: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Releases:

1. Authorization. The undersigned hereby represents that he/she is a natural or court-appointed guardian of the above identified students or has sole or shared legal custody of said student. The undersigned hereby represents that he/she has complete authority to make the decisions indicated throughout this form without further consent from any third party.

2. Photo Release. The undersigned grants permission to Harvest to use photographs and/or videos of them in publications, news releases, online, and in other communications related to the mission of Harvest and acknowledges that any photograph using their likeness will become property of Harvest and will not be returned.

3. General Release. The undersigned acknowledges and understands that students attending Harvest events will participate in physical activities and will travel in vehicles to and from service project locations. The undersigned acknowledges and understands that the student may suffer a variety of physical injuries from the aforementioned activities. The undersigned hereby represents that he/she understands and has thoroughly evaluated the inherent risks associated with the aforementioned activities and hereby provides his/her consent to the student's participation in such activities. The undersigned hereby releases Harvest, its directors, officers, employees, volunteers and agents (collectively, "Harvest Personnel") from and against any and all liability arising from the student's participation in activities through Harvest events, including, without limitation, damaging to the person or property of a student and liabilities from the gross negligence or malfeasance of Harvest Personnel.

4. Medical Release. The undersigned acknowledges and understands that Harvest Personnel are not specially trained or otherwise specially qualified to render medical assistance to students, whether on an emergency basis or otherwise. For that reason, Harvest Personnel cannot take on the responsibility of

providing medical service to students, including by ensuring that students take prescribed medications in prescribed dosages. The taking of prescribed medications is solely the responsibility of the student and ensuring the student does so is solely the responsibility of the undersigned. Notwithstanding the foregoing, Harvest Personnel care about the well-being of students and desire to assist students in handling unexpected medical situations that may arise during Harvest events. The following information provided by the undersigned will assist Harvest Personnel in attempting to render reasonable medical care to students should the need arise, or to direct a student to appropriate medical personnel. The undersigned hereby releases Harvest Personnel from and against any and all liability arising from Harvest Personnel's provision or failure to provide medical care to student before, during, and after Harvest events, including, without limitation, liability arising from the gross negligence or malfeasance of Harvest Personnel.

Medical History:

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account of thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student: If necessary, add another page with details:

1. Please list all medications be taken by your child, the reason, and how often and how much must be taken:

2. For your child's safety and our knowledge, is your student a:

good swimmer fair swimmer non-swimmer

3. Does your child have allergies to:

pollens medications food insect bites

4. Does your child suffer from, or has ever experienced, or is being treated currently for the following:

asthma epilepsy/seizure disorder heart trouble
 frequently upset stomach physical handicap diabetes

5. Date of last tetanus shot: _____

6. Does your child wear: glasses contact lenses

7. Is your child permitted to take the following as administered by an event nurse or leader:

Advil/Ibuprofen Tylenol/Acetaminophen Aleve/Naproxen
 Tums/Pepto Bismol Dayquil/Nyquil Bug Spray Sunscreen

8. Please list and explain any major illnesses the child experience during the last year:

Additional Comments:

Should this child's activities be restricted for any reason? Please explain:

- In the event that the above-named student is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician.
- I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.
- I/We also agree to bring my/our child home at my/our own expenses should they become ill or if deemed necessary by Harvest Personnel.

Parent/Guardian signature: _____ Date: _____

Student Code of Conduct:

All students who participate in Harvest events are required to abide by the following code of conduct. Students who fail to comply with the code of conduct may be sent home from Harvest events at the expense of the student and his/her guardians or custodians.

No possession or use of alcohol, illegal narcotics, or tobacco

No students are permitted to drive themselves and/or other students to or from any service project locations or other locations related to Harvest events

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Participation with the group is expected

Respect property

Respect one another and Harvest Personnel

Respect and comply with event schedules

Students are expected to evaluate Harvest activities and the risks involved in such activities. If a student does not feel comfortable partaking in an activity, students are expected to decline to do so and/or to inform Harvest Personnel of such decision or to otherwise express any concerns to Harvest Personnel.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, _____, the undersigned student, have read the Student Code of Conduct. I hereby agree to strictly comply with the Student Code of Conduct.

Student signature: _____ Date: _____

Harvest Church Student Ministries (Apex Students)

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