

**Please fill out this form completely.**

**Medical Authority Statement**

First person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Second person to contact in case of emergency: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Please answer the following:

1. List any medication that the participant is currently taking:

\_\_\_\_\_

2. List any allergies, including those to medication:

\_\_\_\_\_

3. List any necessary comments concerning physical condition, restrictions of participant, if any, etc.

\_\_\_\_\_

4. List NAME and ADDRESS of INSURANCE COMPANY that covers participant:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip

Code: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Policy Number: \_\_\_\_\_

\*Please indicate if participant is NOT covered under an insurance policy.

\*Any and all medical bills will be sent directly to the PARENT or LEGAL GUARDIAN.

**Waiver and Release**

I, the undersigned parent/guardian, do hereby give permission for my daughter/son/ward to attend and to participate in activities sponsored by HEAVENBOUND MINISTRIES. I hereby acknowledge that by attending and participating in these activities/events that there is a possibility of physical illness or injury to my daughter/son/ward and I do hereby for myself and all others who might have a similar claim, waive, release, and forever discharge any and all owners, operators, officers, agents, or representatives for any and all damages which my daughter/son/ward may sustain or suffer while attending and participating in the events/activities.

Signature of Parent/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_