

# HFC STUDENT MINISTRIES CONSENT FORM

The undersigned does hereby give permission for my child, \_\_\_\_\_  
to attend and participate in activities sponsored by Haviland Friends Church.

I have reviewed the rules of the activities and agree that the subject of this release will abide them. I also acknowledge that if the subject of the release has to return home early for discipline violations, medical reasons or otherwise, it will be at my expense.

I understand all reasonable safety precautions will be taken at all times by Haviland Friends Church during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Haviland Friends Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

The undersigned does also give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Haviland Friends Church.

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Parent/Guardian Name (Please Print)

Student Name

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Parent /Guardian Signature

Date

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Address/City/Zip

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(W) Phone #

(H) Phone #

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Health/Med. Ins. Co.

Policy Number

**Please list any allergies and/or medical conditions the subject of this release may have. Also list any prescription medication he/she may be taking at this time.**