

HERITAGE STUDENT WAIVER

Release of Claims, Hold Harmless and Authorization
for Emergency Medical or Dental Care to Minor

By _____ (Parent), the parent or legal guardian

Of _____ (hereinafter referred to as Minor).

Parent warrants and agrees that he/she (a) has legal custody or is the legal guardian of the minor listed above; (b) understands the terms of the Release and Consent, and (c) has signed this document by his/her own free will.

Parent acknowledges that Minor will, with Parent(s) permission, participate in certain activities conducted by or sponsored by Heritage Baptist Church, its Directors, Officers, employees, volunteers and agents (collectively, "Ministry") during the duration of this agreement.

Parent, individually and on behalf of Minor, releases and agrees to hold Ministry harmless from all liability for harm to Minor or Minor(s) personal property, resulting directly or indirectly from Minor(s) participation in Ministry activities. Parent, individually and on behalf of Minor, personally assumes all risks and liabilities in connection with Minor(s) participation in Ministry activities and agrees to indemnify Ministry against any liability which might be assessed against it as a direct or indirect result of Minor(s) participation in Ministry activities.

In the event of Minor(s) injury during any Ministry activity and Parent(s) unavailability to authorize medical treatment, parent authorizes dental, medical, or surgical treatment, including but not limited to the administration of X-rays, anesthetic, anesthesia, by any medical professional chosen by the Ministry. Parent understands and agrees that this consent is given to encourage the Ministry and the medical professional to exercise their best judgment as to such diagnosis or medical, dental, or surgical treatment. Further, as parent or legal guardian I agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring the event will be used as the secondary coverage. This medical authorization is provided pursuant to Title 10, section 170.1 of the Oklahoma Statutes.

Consent to Disclosure of Protected Health Information. I/we authorize any medical provider that provides treatment to the Minor to provide protected health information to the Organization concerning the Minor's condition and treatment for the purposes of facilitating their consent to treatment as authorized herein, release of the Minor from medical care and follow-up care and treatment as necessary, to communicate with the Organization in order to assist in response to a medical emergency, and to provide information regarding the Minor's status, and to provide information that the Organization can communicate to the emergency contact(s) or the parent/legal guardian(s). This Consent is intended to authorize the disclosure of protected health information concerning the Minor under the Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Part 164, subpart A, for the purposes stated herein.

Parent understands and agrees that this Release and Consent shall remain in effect for a period of one (1) year or until Parent(s) written revocation, whichever is first, and that Parent(s) consent to treatment shall remain in effect until revoked orally or in writing to the Organization or to the licensed medical professional treating Minor.

Parent or Guardian Signature

Date: Month/Day/Year

Please complete the medical insurance information on the next page.

Medical Information Sheet

Student's Name _____

Student DOB _____

Medical Insurance Information:

Name of Insurance Company: _____

Name of Insured: _____

Group Number: _____

Member ID Number: _____

Customer Service Phone Number: _____

Date of last tetanus shot: _____

Is the student subject to:

_____ Fainting Spells _____ Heart Trouble _____ Seizures

_____ Allergies: Medication _____

Food _____

Does the student have any physical problems that would hinder him/her from participating in any activities? _____

If yes, please explain: _____

In case of emergency contact:

Name: _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____