YOUTH GROUP PARTICIPANT HEALTH FORM

Community of Hope Lutheran Church
27817 SW Stafford Rd Wilsonville, OR 97070

July 1, 2017 to August 31, 2018

Participant's Name: _____ Birth Date: _____ Gender: _____

Address: _____

Day Phone: _____ Night Phone: _____

Doctor's Name: _____

_____

Address Zip Code Phone Number

Health Insurance: _____ Policy or Plan #: _____

Participant's Medical # (if applicable): _____

Name of emergency contact: _____ Relationship: _____

Address: _____ Phone: _____

Does this participant have any physical, psychiatric, emotional or behavioral conditions of which the youth group advisor should be aware? (Please use additional pages if necessary)

_____

_____

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

Date of most recent tetanus booster? _____ Allergies to drugs? _____

Allergies or special diet? _____

PARENT/GUARDIAN AUTHORIZATION:

This health history is correct as far as I know. The person herein described has my permission to engage in all prescribed activities except as noted above. The following authorization empowers the staff of Community of Hope Lutheran Church and youth group adult leaders to take whatever steps they deem necessary to insure the well-being of my child should a medical emergency occur during a youth group meeting/activity.

Every attempt will be made to contact the child's care-givers and/or emergency contact provided.

I, _____ do hereby authorize Community of Hope Lutheran Church Youth Group to take necessary emergency measures in the treatment of (participant): _____ if needed. My child is in good physical health and does not have any conditions or disabilities which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby the authorized physician selected by Community of Hope Lutheran Church to hospitalize, secure proper treatment for, and order injections, anesthesia and surgery for my child named above.

_____ _____

Signature of Parent/Legal Guardian Date Print name of Parent/Legal Guardian

YOUTH GROUP REGISTRATION AND RELEASES

Community of Hope Lutheran Church
27817 SW Stafford Rd Wilsonville, OR 97070

July 1, 2017 to August 31, 2018

Participant's Name: _____ Participant prefers to be called: _____

Birth Date: _____ School: _____ School grade: _____

Participant's Primary Care-Givers: _____

Mailing Address(es): Adult(s) Phone #s:

_____ _____

_____ _____

Adult(s) email addresses: _____
Note: Communication about youth group events will often be done by email. Please list emails you check on a regular basis.

Participant's email address: _____ Participant's Cell Phone #: _____

PHOTO RELEASE:

Community of Hope has a website where photos and videos from Youth Group events are periodically published. We also have a Youth group bulletin board where we sometimes post photos from events. It is Community of Hope Lutheran Church's policy that photos of children are never published with names or other identifying information.

Initial One:
_____ Yes, you can use pictures and videos of my child. I hereby give Community of Hope Lutheran Church the permission to use my child's likeness in photographs, video, or other media in any and all of its publications, including bulletin boards and website entries. I waive any right to royalties or other compensation arising or related to the use of photographs or videos.
_____ No, please do not print or publish photos or videos of my child online or in a church-related publications.

GENERAL RELEASE:

"I/We hereby grand permission for my/our child _____ to be a member of the Youth Group at Community of Hope Lutheran Church and to participate in activities arranged by the Youth Leadership in this regard from time to time. We recognize the importance of the commitment that he/she makes and that their participation as a part of a large community calls for responsible behavior. Therefore, I/we agree that if this child engages in behavior which, in the judgement of the adult leaders, is not in the best interest of the trip or event, our/my child or any other member of the group may, therefore, be sent home. I/we will assume full legal responsibility for such a return trip."

"I/We hereby release from any liability Community of Hope Lutheran Church and all of its personnel, employees, adult leaders and representatives from any claims for unintended or unexpected accidents which might occur during participation in youth group events or traveling to or from said events. In granting this permission and release, I/We specifically recognize that my child may from time to time be transported to events by private vehicles operated by advisors or volunteers not as agents, employees or representatives. In such regard, I/we specifically release and will hold harmless Community of Hope Lutheran Church, their officers, employees, agents and representatives from any and all liability which may arise as a result of such transportation whether or not organized by Community of Hope Lutheran Church."

_____ has my permission to go on all field trips and to all events with Community of Hope and its Youth Group from July 1, 2017 through August 31, 2018 unless I specify otherwise in writing.
Note: Care-givers will be notified in advance about the dates and destinations of all trips.

_____ _____

Signature of Participant Date Signature of Parent/Guardian Date