

# Lord of the Hills Health & Medical Release Form - YOUTH

**Effective Dates: July 2021 – December 2022**

*This form must be completely filled out by a parent/guardian. It will be kept in the church office for events throughout this year.  
Please update form if changes occur.*

Name: \_\_\_\_\_ Grade (fall '21) & School: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Baptism month & year: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

If unavailable in an emergency, please notify: \_\_\_\_\_

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

Do you carry medical / hospital insurance? Yes / No *If yes, please complete the following or provide a copy of your card.*

Carrier: \_\_\_\_\_ Group / policy number: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Please check and date any of the following, which have occurred to the participant or in the participant's family:

Conditions

- \_\_\_\_\_ Frequent ear infections
- \_\_\_\_\_ Asthma
- \_\_\_\_\_ Convulsions / seizures
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Bleeding / clotting disorders
- \_\_\_\_\_ Hypertension
- \_\_\_\_\_ Psychiatric counseling

Diseases

- \_\_\_\_\_ Chicken Pox
- \_\_\_\_\_ Measles
- \_\_\_\_\_ German Measles
- \_\_\_\_\_ Mumps
- \_\_\_\_\_ Mononucleosis
- \_\_\_\_\_ Heart disease / defect
- \_\_\_\_\_ COVID-19

Allergies

- \_\_\_\_\_ Hay Fever
- \_\_\_\_\_ Ivy Poisoning, etc.
- \_\_\_\_\_ Insect Stings
- \_\_\_\_\_ Penicillin
- \_\_\_\_\_ Other drugs
- \_\_\_\_\_ Foods \_\_\_\_\_

Please explain any of the above checked or additional, here and on the back, if needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operations or serious injuries: *(please list with dates)* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Additional information / suggestions / any restrictions or other health related information including behavioral concerns along with how best to handle these concerns we should be aware of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***I give permission for my child (youth participant) to participate in all activities sponsored by Lord of the Hills, except as noted. In case of emergency, I give the Lord of the Hills staff and/or volunteer permission to act on my behalf in seeking emergency treatment for my child in the event that such treatment is deemed necessary. I give permission to those administering emergency treatment to do so, using those measures deemed necessary. I understand that Lord of the Hills staff or volunteers are not responsible for any or all related injuries that may occur during these events.***

**Participant Signature** \_\_\_\_\_ *not required*

**Signature of Parent/Guardian** \_\_\_\_\_



Additionally, by marking here I give Lord of the Hills permission to use photographs, videos, and other recorded likenesses and images of my child in promoting activities sponsored by the church.