

Lord of the Hills Health & Medical Release Form - YOUTH

Effective Dates: June 2022 – June 2023

*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 '22) & 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:

<u>Conditions</u>	<u>Diseases</u>	<u>Allergies</u>
_____ Frequent ear infections	_____ Chicken Pox	_____ Hay Fever
_____ Asthma	_____ Measles	_____ Ivy Poisoning, etc.
_____ Convulsions / seizures	_____ German Measles	_____ Insect Stings
_____ Diabetes	_____ Mumps	_____ Penicillin
_____ Bleeding / clotting disorders	_____ Mononucleosis	_____ Other drugs
_____ Hypertension	_____ Heart disease / defect	_____ Foods _____
_____ Psychiatric counseling		

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.