

Lord of the Hills Health & Medical Release Form - YOUTH

Effective Dates: June 2024-December 2025

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 '24) & School: _____

Birthdate: _____ Age: _____ Gender: _____

Home Address:

Name of Parent/Guardian : Preferred Phone:

Name Parent/Guardian : Preferred 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: _____

Physician Phone: _____

Please check and date any of the following, which have occurred :

Conditions

_____ Frequent ear infections _____ Asthma _____ Convulsions / seizures

_____ Diabetes _____ Bleeding / clotting disorders _____ Hypertension.

_____ Psychiatric counseling _____ other - please specify _____

Allergies

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

Please explain any of the above checked items and share any additional health information: _____

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

Additional information / suggestions / any restrictions or other 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.

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.