

Lifepath Church Student Ministry

Medical/Participation Release

STUDENT INFORMATION

First & Last Name _____ Grade _____ DOB _____ Male/Female

Nickname _____ School: _____

Address: _____

Student Email _____

Student Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Parent 1 First & Last Name _____

Email _____ Cell Phone: _____

Parent 2 (if applicable) First & Last Name _____

Email _____ Cell Phone: _____

Guardian (if applicable) First & Last Name _____

Email _____ Cell Phone: _____

For Guardians, how are you related to the student? _____

EMERGENCY CONTACT

Name _____ Cell Phone: _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (student's first & last name) to attend and participate in any Lifepath Church student ministry activities, local events, local service projects, and overnight trips from this date until a new release form is needed.

LIABILITY RELEASE: In consideration of Lifepath Church allowing the student to participate in student ministry activities (see above), I, the undersigned, do hereby release, forever discharge and agree to hold harmless Lifepath Church, its pastors, directors, employees, volunteers and teachers from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the student while involved in the student activities. I, the parent or legal guardian of this student hereby grant my permission for the student to participate fully in student ministry activities, including trips away from the church premises. Furthermore, I, on behalf of my minor child, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in activities involved therein. The undersigned

further hereby agrees to hold harmless and indemnify Lifepath Church for any liability sustained by Lifepath Church as the result of the negligent, willful or intentional acts of my child, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by Lifepath Church. My child and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

_____ **x** _____
Student first & last name Signature of student Date

_____ **x** _____
Parent/guardian first & last name Signature of parent/guardian Date

MEDICAL INFORMATION

PRIMARY CARE PHYSICIAN

Doctor or Clinic Name: _____

Phone: _____

INSURANCE INFORMATION

Medical Insurance Company: _____ Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

Required: Attach a copy of medical insurance card to this form.

MEDICATION:

List all medications the student will take during any youth ministry trips, retreats, or events. This includes any prescriptions, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Students are not permitted to carry any prescription or non-prescription medication**

Medication Name	Dose	Treatment for	Dispensing instructions
<i>Example: Zyrtec</i>	<i>5mg</i>	<i>Seasonal allergies</i>	<i>Take one pill daily in the morning with food</i>

Over-the-Counter Medication Permission: Do you give permission for your student to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.
Parent signature _____

Yes. I give permission for an adult youth leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.
Parent Signature _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any **ALLERGIES** (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional) that would be important for the adult leaders to know.

Lifepath Church Student Ministry Behavioral Expectations

The following rules and guidelines are equally binding on adult volunteers and students.

NON-NEGOTIABLE RULES

Any participant failing to abide by these rules will be sent home immediately at personal/family expense.

- No use of illicit drugs or alcohol.
- No stealing.
- Presence at and full participation in all group activities, including adherence to time-related instructions.
- No sexual misconduct (defined as exposure, touching, or inappropriate reference to body areas normally covered by undergarments).

GUIDELINES FOR LIVING IN CHRISTIAN COMMUNITY

- Participants will be respectful, encouraging, and will maintain a positive attitude toward others at all times, recognizing Christ's presence in each other.
- Participants will be respectful of the property of others.
- Participants will avoid any speech or actions (including "humor") that is bullying, sexist, racist, or hateful in any way.

Student's Statement: By signing this form, I pledge to honor God and respect others during all activities by following the rules and guidelines printed above. I understand that I cannot participate in activities unless this completed form is on file.

X _____
Student's Signature Date

Parent/Guardian's Statement: By signing this form, I agree to support the Behavioral Expectations printed above, and will accept responsibility for the payment of my child's return transportation should s/he break one of the non-negotiable rules.

X _____
Parent/Guardian's Signature Date

Lifepath Church Photo Release for Students

By turning in this form, I agree that Lifepath Church may photograph and record my child during church-related activities. I agree that Lifepath Church may post such pictures in the youth area or around the church or on social media. I agree that Lifepath Church can use pictures to show the congregation what our youth activities are like and in order to gain support from the congregation for fundraising purposes and sharing youth memories.

If you do not want photographs of your child posted on social media or otherwise shared within the Lifepath Church community, please email Pastor Rich Reaves at reaves@lifepathhouston.com.