



Shepherd of the Hills
Lutheran Church
7691 S. University Blvd
Centennial, CO 80122

*Shepherd
of the Hills
Young People*

SENIOR HIGH MEDICAL RELEASE FORM

EFFECTIVE: January 2024 – August 2024

Please print in ink.

Youth Name: _____
LAST FIRST MIDDLE

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Youth Cell: _____

Youth Email: _____

Medical Insurance Co. _____ Policy # _____ Phone: _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____

Parent/Guardian Name 1: _____

Phone Number: _____ Circle Type: ☐ Cell ☐ Work ☐ Home

Email: _____

Parent/Guardian Name 2: _____

Phone Number: _____ Circle Type: ☐ Cell ☐ Work ☐ Home

Email: _____

Emergency Contact (will only be contacted if we cannot get a hold of mom/dad):

Name: _____ Phone: _____ Relation to youth: _____

Photo/Media Release

By participating in Shepherd of the Hills Lutheran Church worship services, Bible Study, Youth Group events, and/or other Shepherd activities I recognize that photos of my youth may be taken. I give permission for any photos, videos or quotes of my youth to be used for Shepherd publicity including but not limited to photos in the hallways or youth room, newsletters, website, brochures, social media, and promotional videos. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. In association with any photos/media Shepherd Youth Ministries will not publish the last names of the youth to the public (those who don't attend Shepherd.)

Signature for release is on the backside of this form.

**If it is a safety reason that your youth's photo cannot be posted/used, please talk to Sina Williams immediately and make sure your youth knows the reason as well so that he/she knows why we won't be using any of their photos.*

OVER →

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your youth is subject and of which the staff should be aware, and what, if any action or protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

CIRCLE the following areas of concern for this student. If necessary, add another page with details.

1. For your youth's safety and our knowledge, indicate your youth's Swimming Ability –

None Beginner Intermediate Advanced

2. Does your youth have allergies to –

Pollens Medications Food Insect Bites Other

If yes, explain:

3. Does your youth suffer from, or has ever experienced, or is being treated currently for any of the following (circle):

Asthma Epilepsy/Seizure Heat Trouble Frequently Upset Stomach
Diabetes Fainting Spells Physical Handicap Other

If yes, explain:

4. Date of last tetanus shot: _____

5. Does your youth wear: Glasses Contact Lenses None

6. Should your youth's activities be restricted for any reason? Explain:

7. Anything else we should know that will help us as we work with & minister to your youth? (example: vegetarian, car sickness, struggles, sports, arts, personality, environments they work well in, things you've observed, etc.):

This consent form gives permission to seek whatever medical attention is deemed necessary. I/We relieve Shepherd of the Hills Lutheran Church, its staff, adult advisors, and officers from any liability in connection with my youth's participation in Shepherd of the Hills Youth ministry activities and events.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events organized by Shepherd of the Hills Lutheran Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to property that may occur during the course of my/our child's involvement.

In the event of an emergency I/we give the adult advisors authorization to: 1) administer First Aid; 2) secure medical care by a hospital staff and/or doctor and; 3) order necessary x-rays and dental care. I/we authorize the doctor selected by the church adult advisors to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery. Prior to authorizing medical care, an attempt will be made to contact parents and/or doctor listed. I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

I/we have read, understand and have reviewed the **Shepherd of the Hills Lutheran Youth – Statement of Rules**. I/we understand that if my youth is caught breaking these rules they will be talked with and considering the seriousness of the violation I/we are responsible for providing transportation for our youth from the event to our home if the adult advisors request this action be taken. I/we also agree to be financially responsible for any damage to property that my youth may cause.

This consent & photo/media release is effective from January 2024 to August 2024. A photocopy is as valid as the original.

PARENT/Guardian Signature

Date

YOUTH AGREEMENT FORM

EFFECTIVE JANUARY 2024 to AUGUST 2024

YOUTH NAME _____ PHONE NO. _____

AS A PARTICIPANT IN SHEPHERD OF THE HILLS LUTHERAN CHURCH'S YOUTH GROUP I HAVE READ AND UNDERSTAND THE SHYP STATEMENT OF RULES AND CONSEQUENCES AND PROMISE, WITH GOD'S HELP, TO ABIDE BY THEM.

SHYP

(Shepherd of the Hills Young People)

STATEMENT OF RULES

As Christians we have a responsibility to be examples to those around us and the following rules will help us to do that:

- I will display a Christ-like attitude and seek to show grace, forgiveness, and include others. I will also refrain from fighting, arguing, harassment, disrespect of advisors/other youth, and verbal abuse.
- I will only use my phone/electronic devices at appropriate times (before/after Bible Study/youth events, for using the Bible App, when allowed by leader). I will wait to return texts or respond to social media AFTER Bible Study, youth events or church service.
- I will come prepared to Bible Study/Youth activities (bringing Bible, supplies, turning paperwork in on time, etc.)
- I will show respect for the property of others and not go into someone's bag or take/use their property without their permission.
- I will COMMUNICATE with the advisors and my peers and do so in a respectful way.
- I will seek to glorify God with my speech (refraining from gossip, foul language/gestures, using the Lord's name in vain).
- I will seek to glorify God in what I wear (modest clothing, appropriate graphics).
- I will not go off on my own or isolate myself from our group.
- I will not separate from our group OR leave the event premises without permission from the advisor(s).
- I will be on time for scheduled meeting times/events.
- I will not use, or have, in my possession any illegal drugs, alcohol, cigarettes/vape pens, or chewing tobacco.
- I will not use, or have, in my possession firecrackers, explosives, slingshots, dangerous knives, or guns.
- I will not participate or encourage gambling of any kind.
- I will abide by state & local laws.
- I will keep PDA (public displays of affection) with my friends/boyfriend/girlfriend to before/after Bible Study, youth events or other Shepherd activities.
- I will not go into the opposite sex bedroom on overnight events.
- I will communicate the above rules to any friends that I invite to SHYP activities.

CONSEQUENCES

Anyone caught breaking these rules will be talked to by the advisor(s). Considering the seriousness of the violation, the advisor(s) have the option of removing you from the event and requesting that your parent(s) be responsible for providing transportation for you home from the event. You also understand that you could cause the event to be canceled for the entire youth group due to your violation of the rules. You also run the risk of being restricted from participating in future youth events if you violate these rules.

YOUTH Signature

DATE

As Parent/Guardian of the above youth I will assist him/her (with God's help) to abide by the rules.

PARENT/Guardian Signature

DATE