

MISSION HILLS CHURCH STUDENT MINISTRY MANDATORY HEALTH FORM - 2019

PLEASE PRINT IN INK

Littleton Campus Dove Valley Campus Espanol Campus

Name _____ Age _____ Birthday ____/____/____ Male Female

Height _____ Weight _____ School _____ Graduation Year _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ E-Mail _____ Came with _____

Medical Insurance Company _____ Policy # _____

Primary Emergency Contact Person: Parent / Guardian Name _____

Address (if different from student) _____ City _____ State _____ Zip _____

Phone Number _____ Emergency Phone Number _____ Cell Phone _____

Alternative Contact Person: (Use someone near primary contact) Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Emergency Phone Number _____ Cell Phone _____

PLEASE NOTE: *If your child should require medical attention for injuries received or illnesses contracted prior to any activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.*

MEDICAL HISTORY

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 child is subject and of which the Church should be aware, and what, if any, action or protection is required on account thereof: _____

Name and dosage of medications that must be taken: _____

PLEASE check the following areas of concern for this student. Add necessary additional comments below:

1. For your student's safety and our knowledge is your student a: good swimmer, fair swimmer, non-swimmer.

2. Does your student have allergies to: Hay Fever, Medications, Food, Insect Bites, Other _____

3. Does your child suffer from, or has ever experienced, or is currently being treated for any of the following: Asthma, Epilepsy/Seizure Disorder, Heart Trouble, Diabetes, Frequently Upset Stomach, Physical Handicap.

4. Date of last Tetanus shot: _____ 5. Does your student wear: Glasses, Contact Lenses?

6. Please list and explain any major illnesses during the past year. _____

Additional Comments: _____

Should this student's swimming or activities be restricted for any reason? YES, NO, If YES, Please Explain. _____

For your information, these are our Rules of Behavior expected from each student:

Failure to comply with these expectations could result in your child being sent home at your expense.

- | | | |
|--|--|---|
| 1. No alcohol, drugs, tobacco permitted. | 4. Respect one another, staff and adult leaders. | 7. No students permitted to drive for events without special parental permission. |
| 2. Participation with the group expected. | 5. Respect property. | 8. No offensive or immodest clothing. |
| 3. No guys in girls' sleeping quarters (and vice versa). | 6. Respect and comply with event schedules. | 9. No fighting, weapons, fireworks, explosives or lighters permitted. |

My child has permission to attend all church sponsored youth activities, including, but not limited to, the following list:

Cook-outs, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, volleyball, softball, baseball, Elitches, Water World, camping, rappelling, open student center, downhill skiing, snow boarding, white-water rafting, hiking, biking, Rockies games, concerts, Bible studies, golfing, miniature golf, hayride, ice skating. **NOTE:** If you desire to limit your child's participation in any event, please put your restrictions to Mission Hills in writing in advance of that event.

Parent Signature: _____ **Date:** _____

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**Mission Hills Church
2019 Consent Form For Students
Waiver and Release from Liability**

I acknowledge that my child's participation in the Mission Hills Church youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to, camps, athletic games, excursions, missions trips and meetings.

I (We) acknowledge that my(our) child's participation in any Mission Hills Church youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's participation in the Mission Hills Church youth program activities, I (We) agree to the following:

_____ Mission Hills Church is not responsible for personal belongings.
(Initial)

_____ I consent to have photographs taken of my student during the Mission Hills trips and activities. The pictures may be used on the Mission Hills Web Page, on social media, in future brochures, or in slide shows after the event.
(Initial)

_____ Students are required to wear seat belts while riding in church provided transportation other than rental buses. Students are responsible to keep their seat belt on while en route to activities.
(Initial)

_____ Inappropriate conduct will result in transportation home at parents' expense.
(Initial)

_____ I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors and assigns: **A) I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Mission Hills Church youth activities, the following person or entities: Mission Hills Church, its Senior Pastor, Associate Pastors, Program Staff, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above; **B) I AGREE NOT TO SUE** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and **C) I INDEMNIFY AND HOLD HARMLESS** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I HEREBY ASSUME THE RISKS OF MY CHILD PARTICIPATING IN ALL MISSION HILLS CHURCH YOUTH ACTIVITIES.**

_____ The undersigned _____ (**parent/guardian**), the parent and natural guardian or legal guardian of _____ (**minor's name**), hereby executes the foregoing Assumption of the Risk, Waiver, Release and Discharge, Agreement Not To Sue, and Indemnification, for and on behalf of the minor named herein. I agree to indemnify and hold harmless the persons or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.
(Initial)

_____ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I further agree to pay all charges for the dental, medical, or hospital care or treatment.
(Initial)

Child's Name: _____ Physician's Name: _____

Parent Phone: _____ Physician's Phone: _____

Parent/Guardian Signature: _____ **Date:** _____

Relationship to Minor: _____

11/18