

# Living Hope Community Church - Youth Group Consent and Health Form

Effective through September 15, 2023

STUDENT NAME: \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ Student's Cell \_\_\_\_\_

EMAIL \_\_\_\_\_ Mom's cell \_\_\_\_\_ Dad's cell \_\_\_\_\_

## MEDICAL INFORMATION

Known diseases / conditions \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_

Family Medical Insurance \_\_\_\_\_

Policy # \_\_\_\_\_ Date of last Tetanus \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in LHCC youth programs, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

X \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Legal Guardian's **Signature** Required

## PARENT / GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with LHCC youth programs and activities. In consideration for LHCC accepting the registrant for its programs and activities, I hereby release, discharge and/or otherwise indemnify LHCC, its employees and associated personnel, including the owners and directors of facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

The above named student has my permission to participate in any youth event designated by LHCC or by the youth coaches through September 15, 2023. All trips will be under the **supervision** of the youth coaches. **Transportation** will be by cars, vans, busses, or however deemed appropriate by circumstances. **Only those 21 or over** will be allowed to drive others to and from events.

I have read and understand this Student's Consent and Health Form and agree to assume the responsibility stated and waive all claims as indicated. A copy of this document carries the same validity as the original.

\_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_  
Please print or type name **Signature**

A copy of the above permission will only be used after reasonable attempt to reach the parents has been made.  
If you have any questions, please contact Sara Austin at 507-251-6075 or [info@livinghopecommunity.church](mailto:info@livinghopecommunity.church)