



FUNCTIONS AT/WITH
Lutheran Church of the Resurrection
9812 Hamilton Avenue, Huntington Beach, California

September 1, 2022 through September 1, 2023

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I/We the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize Lutheran Church of the Resurrection as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any surgeon and physician licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I will not hold Lutheran Church of the Resurrection, its members, officers, youth leaders, those providing transportation, entertainment, or lodging liable in any way for any injury sustained. I also give permission for those in charge to obtain any medical care they feel is necessary for my child.

This authorization shall **remain effective until September 1, 2023**, unless sooner revoked in writing and delivered to said agents.

PARENT/GUARDIAN SIGNATURE

DATE

****IN CASE OF EMERGENCY, PARENTS WILL BE CONTACTED IMMEDIATELY.****

CHILD'S DATE OF BIRTH

LAST TETANUS TOXOID BOOSTER

ALLERGIES

FATHER'S NAME

PHONE NUMBER

MOTHER'S NAME

PHONE NUMBER

LEGAL GUARDIAN'S NAME

PHONE NUMBER

CONTACT IF PARENT/GUARDIAN IS NOT AVAILABLE

PHONE NUMBER

FAMILY PHYSICIAN

PHONE NUMBER

INSURANCE CO.

PHONE

POLICY NO.

YOUTH MINISTRY EVENT/S COVENANT
Lutheran Church of the Resurrection

I'm excited about the Resurrection Lutheran Youth Ministry Program. I want to get to know other youth, understand God and myself better, grow spiritually, meet new people, and encourage others to do the same.

I understand that each youth participant is required to sign this covenant and agree by the following guidelines at all Resurrection Youth Ministry events:

1. Taking responsibility for my conduct by showing respect for others by:
 - A. Not using profane or rude language
 - B. Observing their right to express opinions
 - C. Listening as we would expect to be listened to
 - D. Being inclusive and avoiding cliques
 - E. Being considerate of others who may not be part of our group
 2. Taking responsibility for my attendance by being punctual and attending the entire scheduled event or meeting in mind, body and spirit, including Bible studies, worship and organized recreation activities. This gives me maximum opportunity to understand my relationship with God.
 3. Taking responsibility for my conduct by agreeing that:
 - A. The use or possession of alcoholic beverages, drugs, fireworks or weapons, including knives, during the course of our time together is unacceptable. If caught with these, I understand that the items will be confiscated and not returned to me and I will call my parents to tell them about the incident.
 - B. I will stay with the group at all times unless I have permission from a youth sponsor stating otherwise. When attending an off-campus event, I will also use the "Buddy System" which I understand means that I will stay with at least one other person (if not more) at all times. This gives me the best opportunity to get to know those who are attending the events with me.
 - C. Each person will be in his/her own room at the curfew. There will be no persons of the opposite sex in my room after curfew unless otherwise stated by the Youth Director.
 4. I understand I must attend off campus youth events with the Resurrection Youth Group and cannot make independent arrangements to attend the event to avoid these guidelines. This also means that transportation is provided for me by the youth sponsors or chaperones and that I, even though I may have my own license, cannot drive to or from off-campus youth events, unless otherwise specified by my parent/guardian or youth director.
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I've read and understand this covenant. I understand that if I do not abide by the above guidelines, I will be held responsible for my actions and I may be sent home at my parents' expense. As a sign of my commitment to the program and to one another, I agree that any break of this covenant needs to be addressed immediately by the whole group, regardless of the schedule.

Youth participant signature _____ Date _____

I've read and understand this covenant. I will require my son/daughter to keep the covenant. Though I anticipate no problems, I will be available and ready to come get my son/daughter if he/she does not keep any part of this covenant. I will support the Youth Director who has the authority and responsibility for implementing the youth program at Lutheran Church of the Resurrection and for carrying out its policies and practices. I will keep my youth, the leaders and the entire group in my thoughts and prayers.

Parent or legal guardian signature _____ Date _____

Lutheran Church of the Resurrection

Contact Form

Please fill out one form per youth.

Youth's Name_____

Grade_____School_____

Parent/Guardian Name(s)_____

Phone Number_____Email Address_____

Emergency Contact Name_____Relationship_____

Emergency Contact Phone Number_____

Allergies? No Yes _____

Additional Information_____

[] I wish to receive text message reminders of upcoming events (no more than one a week)