Medical Release, Photo Release, Transportation, & Conduct Agreement Form

Effective dates: **August 1, 2026 - August 31, 2027**

Please print in ink

Student Name: _____
LAST FIRST MIDDLE

❑ Male □ Female

Age_____ Birthday _____ Email: _____

Year in School: _____

Address _____ City _____ State _____ Zip _____

Medical insurance company: _____ Policy: _____

Mother's name _____ Phone: Home_____ Work _____

Father's name _____ Phone:Home_____ Work _____

Emergency contact _____ Phone:Home_____ Work _____

Physician: _____ Phone: _____ Dentist:_____Phone:_____

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 child is subject and of which the staff should be aware, and what, if any action of 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.

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

1. Please list child allergies: _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

❑ asthma
❑ frequently upset stomach
❑ epilepsy / seizure disorder
❑ physical handicap
☐ heart trouble
☐ diabetes

3. Date of last tetanus shot: _____

4. Does your child wear: ❑ glasses ❑ contact lenses

5. Should this child's activities be restricted for any reasons? Please explain :_____

Photography: Group and individual photos and videos will be taken during youth group meetings and activities. These may be used for promotional purposes and may be displayed on the church website, social media pages, during gatherings, etc. If you ***DO NOT*** wish for your child's photo/video to be used, please initial here: _____

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We expect each student to confirm to these rules of conduct:

No possession or use of alcohol, tobacco, or vapes
No fighting, weapons, fireworks, lighters, or explosives
No offensive or immodest clothing
Participation is required
Respect to property, leaders, drivers, and other youth
Respect and comply with event schedules
Obey all laws and regulations

Students who fail to comply with these expectations may be sent home at their parents' expense.

Transportation Waiver: Riding in a motor vehicle may result in personal injury or death. I have full knowledge of the risks involved in this activity, and I assume any expenses that may be incurred in the event of an accident, illness, other incapacity, or death regardless of whether I have authorized such expenses. As a condition for the transportation received, I, for myself and my dependents, agree to release and forever discharge Living Hope Church Marysville, including their employees and volunteers, from any claim that I might have myself or that I could bring on my dependent's behalf regarding any damages, demands or actions whatsoever, including those based on negligence, in any manner arising out of this transportation. I have read this entire waiver, fully understand it, and agree to be legally bound by its terms.

Medical Treatment: This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

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 being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastor, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, 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 also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian printed name: _____ Date: _____

Parent/Guardian printed name: _____ Date: _____

Youth signature (18 or older): _____ Date: _____

LHYOUTH