

# 2016-2017 Generation180 Event Forms

## Highland Community Church Permission & Medical Release

Please print in ink.

### General Information

Name of event: All On and Off-Site Generation180 Activities for 2016-2017 Date of events: 2016-2017 Calendar Yr.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Year in school: \_\_\_\_\_  Male  Female Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager/Cell Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

### Insurance Information

Insurance Company: \_\_\_\_\_ Insured: \_\_\_\_\_

Policy #: \_\_\_\_\_ Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Dentist's Address: \_\_\_\_\_

Dentist's 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 yes, add another page with details.

1. Does your child have allergies to -

pollens  medications  food  insect bites

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

asthma  epilepsy/seizure disorder  heart trouble  diabetes  
 frequent upset stomach  physical handicap

**Medical Information – Cont'd**

**Please provide detailed information** about special medical conditions and other medical information. Include date of last Tetanus shot, other inoculations, medications currently taking or medication allergies, major illnesses, allergies, etc.

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**Rules of Conduct**

For your information, we expect each student to conform to these rules of conduct while participating in Generation180 (Highland Community Church youth ministry) events:

- No possession or use of alcohol, drugs, or tobacco
- No student can transport other youth in a vehicle
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing (no bikinis please)
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Damage or vandalism to property of others will become the responsibility of the participant.

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

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parental Permission/Release**

\_\_\_\_\_ has my permission to attend All 2016-2017 Generation180 Events  
NAME OF STUDENT NAME OF EVENT

*I, Steve Clements, Pastor of Student Ministries at Highland Community Church, understand I am responsible for the physical, emotional, and spiritual well-being of the child identified above while he or she participates in the youth event. I take this responsibility seriously, however, there are inherent risks involved in any ministry or athletic event which we or any volunteers are not liable for.*

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 and participate in events being organized by Generation180, the youth ministry at Highland Community 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 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 I/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 youth ministries staff member.

Please check one of the following. Failure to check either option will result in option #2.

- My child is free to participate in the event without the immediate, constant, in-person presence of a chaperone adult. Periodic "check-ins" with an adult will be required.
- My child must be in the immediate, constant, in-person presence of a chaperone adult at all times.

Finally, I/we have read the "Rules of Conduct" and willingly submit my/our child under them for the entire duration of the event.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pictures from this event may be displayed on Highland's website or publications. Please check the boxes accordingly.

- My child's picture **MAY** appear on the website or publications.
- My child's picture **MAY NOT** appear on the website or publications.

I/We affirm that the personal and health insurance information provided is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named herein. I attest that I have reviewed this form and agree with the medical/liability statement. Any incorrect information has been crossed out, re-written, and initialed by me.

20 <u>17</u> - 20 <u>18</u> _____		
(School Year)	Signature	Date
20 <u>18</u> - 20 <u>19</u> _____		
(School Year)	Signature	Date
20 <u>19</u> - 20 <u>20</u> _____		
(School Year)	Signature	Date
20__ - 20__ _____		
(School Year)	Signature	Date
20__ - 20__ _____		
(School Year)	Signature	Date