

LORD OF LIFE LUTHERAN CHURCH
640 North Columbia Center Boulevard | Kennewick, WA 99336
Tel. (509) 783-5222

CONTACT INFORMATION:

Child/Youth Participant's Name: _____ Date of Birth: _____

Home Address: _____ City: _____ State: _____

Child/Youth Cell # (if applicable): _____ Home Phone # (if applicable): _____

Child/Youth Email (if applicable): _____

Parent/Guardians Name: _____ Cell #: _____ Work #: _____

Home Address (if different): _____ City: _____ State: _____

Email (if applicable): _____

Parent/Guardians Name: _____ Cell #: _____ Work #: _____

Home Address (if different): _____ City: _____ State: _____

Email (if applicable): _____

Emergency Contact 1: _____ Relationship: _____ Phone: _____

Emergency Contact 2: _____ Relationship: _____ Phone: _____

CONSENT, TRANSPORTATION PERMISSION, ASSUMPTION OF RISK & LIABILITY WAIVER

**** Important!** To be signed by Parent(s)/Guardians(s) for children/youth under age 18 years
AND by the participating youth if age 18 or older and in high school.

Event & Location: _____

Date & Time: _____

Method of Transportation: _____

A. CONSENT

This event has been carefully planned to be a safe and successful event. However, no activity or event is without possibility of unforeseen hazards and accidents. Certain activities have the inherent possibility for risk and accidents. Therefore, we want to alert parents, guardians and other individuals to these risks. Activities include, but are not limited to:

I acknowledge receipt of the attached information sheet describing the event and planned activities.

I acknowledge that I have received a copy of Lord of Life Lutheran Church's Code of Conduct.

I/we hereby consent to allow _____ (name) to accompany Lord of Life Lutheran Church and participate in the program named above.

B. TRANSPORTATION PERMISSION

The undersigned hereby gives permission for my/our child to ride in any vehicle driven by a Lord of Life Lutheran Church employee or volunteer while participating in the above described event. I/We have discussed the importance of transportation safety with our child and we understand that SEAT BELTS ARE TO BE WORN AT ALL TIMES during transportation. I/WE acknowledge and assume the risk of transportation for the described event.

C. ASSUMPTION OF RISK & LIABILITY WAIVER

I have or will investigate all risks involved with my/our child's attendance and/or participation in the described event, and further, as the parent or legal guardian, I/we assume any and all risks of personal or bodily injury to my/our child and/or for any property damages associated with this event caused by my child.

In consideration of Lord of Life Lutheran Church allowing my/our child to participate in the above-described event, I/we, the undersigned, do hereby release, forever discharge and agree to hold harmless Lord of Life Lutheran Church, its directors, employees, volunteers and agents (hereinafter the "Church") from any and all liability, claims or demands for accidental personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by my/our child while involved in this event.

Furthermore, on behalf of my/our child, I/we hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in the described event. Authorization and permission is hereby given to the Church to furnish food, and lodging for my/our child, if applicable. The undersigned agree(s) to hold harmless and indemnify the Church for any liability sustained by the Church as a result of negligent, willful or intentional acts of my/our child, including expenses incurred attendant thereto.

Parent/Guardian (Print): _____ **Signature:** _____

Date: _____

Parent/Guardian (Print): _____ **Signature:** _____

Date: _____

Youth Participant (if over age 18 and in high school) (Print): _____

Signature: _____ **Date:** _____

VIDEO/PHOTOGRAPHY CONSENT

Parents/guardians of participants – and participants over the age of 18 – are advised that photographs and/or videotape of participants may be used in the publications, websites or other materials by Lord of Life Lutheran Church. Please note that Lord of Life Lutheran Church has no control over the use of photographs or video taken by other participants or other third-parties.

I hereby expressly assign to Lord of Life Lutheran Church all the rights, title and interest in, and to all photos/ videotape recordings made by such in which my child appears and/or his/her voice is used in and in connection with the videotaping during this event. I hereby authorize the reproduction, and broadcast and/or distribution of said photos/videotape; and, I waive all rights to any compensation for my child's appearance or participation in the photographs/videotape recordings.

Parent/Guardian (Print): _____ **Signature:** _____

Date: _____

Parent/Guardian (Print): _____ **Signature:** _____

Date: _____

Youth Participant (if over age 18 and in high school) (Print): _____

Signature: _____ **Date:** _____

MEDICAL CARE – MEDICAL HISTORY, CONSENT & RELEASE FORM

Medical Matters. I hereby warrant to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child.

Of the following statements pertaining to medical matters,

A. Emergency Medical Treatment (sign/initial only those in accordance with your wishes):

_____ In the event of an emergency, I hereby give permission to transport my child to a hospital/clinic for emergency medical or surgical treatment.

_____ In the event of an emergency and you are unable to reach me, contact:

Emergency Contact 1: _____ **Relationship:** _____ **Phone:** _____

Emergency Contact 2: _____ **Relationship:** _____ **Phone:** _____

B. Medications.

My child needs to take the following provided medications. My child will bring all such medications, well labeled. [NOTE: Any/all **prescription medications** must be in original pharmacy container with your child’s name printed clearly on the prescription label. **Non-prescription/over-the-counter medications** must be in original container with your child’s name printed clearly on the container.]

- “I/We hereby confirm that I/we, the parent(s)/guardian(s) of _____, have instructed our child how to properly and timely take his/her own prescription medication(s); and
- I/We hereby confirm that I/we have adequately instructed our child to never share his/her medications with any person; therefore
- I/We grant permission for my/our child to (i) be allowed his/her own physician prescription medication(s) to be carried in a central locked Medications Storage Pouch with the key held only by the adult counselors; and, (ii) permit him/her to take such prescription medication(s) independent of adult supervision.

Names of medications and concise directions my child’s takes medications, including dosage and frequency are as follows:

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

Medication: _____ Dosage: _____ Administer: _____

C. Medical Conditions Information: ** Authorized individuals will take reasonable care to ensure the following information is held in confidence.

My son/daughter:

• Is allergic to the following medications/foods: _____

• Has had an episode of the following or has been diagnosed with:

- | | | | | |
|---|--|---|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Nervous Disorder | <input type="checkbox"/> Major Problems |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Mental Handicap | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Emotional Handicap | <input type="checkbox"/> Insect Bites <input type="checkbox"/> Other |

• Has had allergic reactions to the following (foods, dyes, latex, etc.) _____

• Has had a medical surgery within the last six months? ___ Yes ___ No Still under doctor’s care? ___ Yes ___ No

• Has a medically prescribed diet (please explain): _____

• Has the following physical limitations: _____

• Immunizations current and up to date? ___ Yes ___ No Date of last tetanus/diphtheria immunization: _____

• You should also be aware of these special medical conditions of my child: _____

D. Insurance Information.

Lord of Life Lutheran Church insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while participating in activities or on the church premises.

Medical Insurance Company Name _____ Policy # _____
Address _____ Phone # _____
Parent/Guardian Signature _____
Print Name _____ Date: _____

I/We hereby waive all claims which I/we might have against Lord of Life Lutheran Church, their agents and employees, for injury, accident, illness, or death occurring during or by reason of participation in a Lord of Life Lutheran Church event, activity, or trip occurring on or about: _____ (date/dates).

I/We, the parent(s)/guardian(s) child named above, do hereby authorize Lord of Life Lutheran Church, their agents and/or employees, as agents for the undersigned to consent to any X-RAY examination, anesthetic, medical surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or specific supervision of any physician or surgeon licensed under the provisions Article 70 [Public Health & Safety] of the Revised Code of Washington on the medical staff of a licensed hospital, where such 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 required, but it is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment or hospital care which the aforesaid physician in the exercise of his best judgement may deem advisable. This authorization is given pursuant to the provision Article 70.02. [Medical Records] of the Revised Code of Washington.

Parent/Guardian (Print): _____ **Signature:** _____

Date: _____

Parent/Guardian (Print): _____ **Signature:** _____

Date: _____

Youth Participant (if over age 18 and in high school) (Print): _____

Signature: _____ **Date:** _____

EARLY RETURN HOME POLICY & CODE OF CONDUCT

Should it be necessary for my/our child to return home due to medical reasons, disciplinary action, or otherwise, the undersigned shall assume all transportation costs and responsibility.

CODE OF CONDUCT

My child and I understand that the Lord of Life Lutheran Church has behavior and conduct expectations while involved with any of its sponsored activities and events. Therefore, my child and I/we agree to:

- Recognize that everyone is a part of the Body of Christ. I will help everyone feel welcome and important.
- Respect the physical and emotional well-being of others by “doing unto them as I would have them do unto me.” This includes, but is not limited to, refraining from harsh play or violence, refraining from harmful jokes, respecting the need for sleep, and respecting the integrity of another person’s body.
- Respect the health of my own body by refraining from the use of tobacco, alcohol, illegal drugs and weapons. I understand that the use of these substances except as expressly authorized is absolutely prohibited. Unauthorized use of any such described item will be confiscated and parents and/or authorities will be contacted.
- Respect the things I use and the property of the places I visit. The areas used for all events, including transportation, shall be left clean.
- Participate fully in all activities and abide by additional group guidelines that are made in coordination with the group leaders.
- Act appropriately with members of the opposite sex. This means no couples alone at any time, and no public displays of affection, and no taking and/or sharing of inappropriate (including pornographic) pictures.
- Follow all instructions given by leaders/chaperones without protest. Any instruction may be politely and discreetly questioned.
- Stay within the group or assigned sub-group at all times. I will not wander off alone or leave the activity site unless granted permission by an adult, and I will report for all designated check-in times.
- Hold safety in the highest regard, and refrain from compromising my own safety or another’s safety.
- Provide a trusting environment for my peers. When others share something about themselves in a group discussion, I will not repeat that information outside of the group.
- Take the initiative to inform my guests of their responsibility to follow these guidelines when they visit or participate in an event.

GUIDELINES FOR CONSEQUENCES

Consequences will focus on restoring peace with reconciliation among the parties involved. The goal of resolving each problem will be growth and learning through repentance and forgiveness. Any problems encountered will be handled within the group and/or by the adult leaders to the extent that this is possible. However, should a situation persist or become uncontrollable, a parent/guardian will be contacted and informed of the problem. Should the situation be urgent, a parent/guardian will be contacted immediately and will be responsible for picking up the Participant from an event or for providing for his/her immediate transportation home.

STUDENT/PARTICIPANT AND PARENT/GUARDIAN SIGNATURES

My/Our signatures on this Early Return Home Policy & Code of Conduct is an acknowledgement that I have read and understand these guidelines. I commit to abide by the terms of the these policies. 📄

Parent/Guardian (*Print*): _____ Signature: _____

Date: _____

Parent/Guardian (*Print*): _____ Signature: _____

Date: _____

Youth Participant (*Print*): _____ Signature: _____

Date: _____