**Hillcrest Student Ministries 2024-2025**

**Youth Activity Consent Medical Consent and Liability Release Form**

14410 NW 21st Ave, Vancouver, WA 98685

*NOTE: Your privacy is important to us. The purpose of this document is to obtain knowledge to better ensure the safety of your child/student.*

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age:\_\_\_\_\_ Birth (mm/dd/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Year in School: \_\_\_\_\_\_\_\_\_\_ School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT ALTERNATE CONTACT** Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Cell :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, prosperity, weakness, limitation, handicap, disability, or condition to which your child/student is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Please submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken and times at which these dosages are to be taken.

1. Should this student’s activities be restricted for any reason? □Yes □No

2. Are there any other conditions or factors relating to the child/student that the youth ministry staff should be aware of? □Yes □No

3. Is sponsor authorized to approve medical treatment? □Yes □No

 4. Is student covered by personal/family medical insurance? □Yes □No

Physician Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Insurance Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Is this student currently taking any medications? (If YES, please attach info) □Yes □No

**RULES OF CONDUCT**

* For your information, we expect each student to conform to these rules of conduct:
* No possession or use of alcohol, drugs, tobacco or energy drinks.
* Transportation will be provided for off-sight events unless otherwise indicated (exceptions will need parent/guardian approval)
* No fighting, fireworks, lighters, explosives or weapons of any kind
* No offensive or immodest clothing
* No boys in the girls’ sleeping quarters and no girls in the boys’ sleeping quarters
* Participation with the group is expected
* Respect other students, staff, and adult leaders
* Respect and comply with event schedules

**LIABILITY RELEASE**

* By signing below, the student (or parent/guardian if student is a minor) acknowledges and accepts the risk of physical injury with participation in the activity described above. Except for gross negligence on the part of the sponsor, the child/student (or parent/guardian) accepts personal and financial responsibility for any bodily or personal injury sustained during the activity. Further, the student (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity. If a dispute over this agreement or any claim for damages arises, the student (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.
* I hereby irrevocably consent to and authorize the use, publication, transmission and reproduction of my student name, likeness and image, in any and all media, by Hillcrest Church of the Nazarene, or anyone authorized by or acting on behalf of Hillcrest Church of the Nazarene, for promotional, fundraising, advertising, marketing and/or public relationship purposes.
* I also understand that if my child is a constant disruption during an activity or flagrantly breaks trip guidelines, or does not comply with the Rules of Conduct listed above, she/he will be sent home at my (parent/guardian expense). The trip coordinator will call me and inform me of the send home details.
* Photographs or Videos of my student may be used in Hillcrest church of the Nazarene publications. If this is not acceptable, I will email Pastor Austin Elleby at: pastoraustin@hillcrestnaz.org to let him know.

WE HAVE READ THE RULES OF CONDUCT, RELEASE OF LIABILITY AND AGREE TO ABIDE BY THE STATED PERSONAL LIMITATIONS AND CODE OF CONDUCT. THIS CONSENT AND RELEASE FROM LIABILITY SHALL REMAIN EFFECTIVE UNTIL REVOKED IN WRITING AND DELIVERED TO ANY OFFICER, EMPLOYEE, OR AGENT OF HILLCREST CHURCH OF THE NAZARENE

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Student Date

X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date