

**People of Hope Lutheran Church
Emergency Medical Authorization & Parental/Guardian Medical and Liability Release**

Emergency Information

Youth Name: _____ Grade: _____ Birthdate: _____

Parent/Guardian Name and relationship to youth:

Address: _____

City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Parent/Guardian Name and relationship to youth:

Address: _____

City: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Facts concerning the youth's medical history, which may include allergies, mental health, medications being taken, and any physical impairment to which a licensed health care provider should be alerted:

Are immunizations up to date? yes _____ no _____

Please note: People of Hope staff cannot administer any medications, prescriptions or non-prescription medications to youth. This includes over-the-counter medicines for minor headaches or pains. Youth leaders may keep medications in their possession for the youth to administer themselves.

People to contact in the event of an emergency, if a parent/guardian cannot be reached:

1. Name/relationship to youth _____ Phone _____

2. Name/relationship to youth _____ Phone _____

3. Name/relationship to youth _____ Phone _____

Please list any situations (personal, family, physical health, emotional/mental health, diet) that we should be aware of concerning your youth:

Parental/Guardian Responsibility

All parents/guardians are reminded that they retain individual responsibility for their youth and should not assume the church-sponsored activity or presence on the church premises is a guarantee of the youth's safety. Parents/guardians should verify that a responsible leader is present before leaving their youth at an activity. Please review and follow our Best Practices Guidelines as described in the POH Safety and Security Policy.

Emergency Authorization

In the event reasonable attempts to contact the legal guardians from the above information have been unsuccessful, I hereby give my consent to take the above youth to a licensed health care provider or hospital and hereby give my consent and authorization for any treatment deemed necessary by a licensed health care provider, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Preferred Doctor's Name: _____ Phone: _____

Preferred Dentist's Name: _____ Phone: _____

Preferred Hospital: _____

Today's Date: _____ Signature of Legal Guardian: _____

Insurance Information:

Provider: _____ Group Number: _____

Liability Release

I understand all reasonable safety precautions will be taken at all times by People of Hope and its agents during POH events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to not hold People of Hope Lutheran Church, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the youth of this form.

Today's date: _____ Signature of Legal Guardian: _____

Promotional Release

I consent to the use of any video recordings, photographs, audio recordings, or any other visual or audio reproduction in which my minor may appear by People of Hope. I understand that these materials are being used for promotion of the ministries of People of Hope. My consent includes but is not limited to the church's website or other social media resources utilized by People of Hope. Please note that pictures will never include names of minors or anything that would cause embarrassment to the minor. I release People of Hope from any liability connected with the use of my minor's picture or voice recording as a part of any promotional, recruitment, or fundraising program.

Today's date: _____ Signature of Legal Guardian: _____