

Full Year Permission*Medical Consent*Liability Release Form

Walnut Hill Community Church Youth Events 2022-2023

Student Name _____ DOB: ____/____/____ 2022-2023 Grade _____

Address _____ City _____ State _____ Zip _____

Mother's Name: _____ Email: _____

Primary Phone: _____ Secondary Phone: _____ Text? Y / N

Father's Name _____ Email: _____

Primary Phone: _____ Secondary Phone: _____ Text? Y / N

Additional Emergency Contact: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____ Text? Y / N

Family Doctor _____ Doctor Phone _____

Insurance Company _____ Policy/Group # _____

I give consent for _____ (name of minor) to attend any Walnut Hill Youth Ministry events being sponsored by Walnut Hill Community Church from **August 31, 2022 through August 31, 2023**. Activities include but are not limited to cookouts, boating, skateboarding, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, mini golf, caving, hayrides, summer camps, and missions trips. This consent form gives Walnut Hill Community Church permission to seek whatever medical attention is deemed necessary in the event the student is injured and requires the attention of a doctor. The parent/guardian consents to any reasonable medical treatment deemed necessary by a licensed medical professional. In the event treatment is required from a medical professional designated by Walnut Hill Community Church, the parent/guardian agrees to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such care. The parent/guardian also acknowledges that they 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, the parent/guardian affirms that the health insurance provided above is accurate and up to date and will to the best of knowledge still be in force for the named student. The parent/guardian also agrees to bring the student home at their own expense should the student become ill or if deemed necessary by WHY Ministries staff. I give full permission for my student to travel with the planned and approved source of transportation that Walnut Hill Community Church provides to any and all events or activities. The undersigned parent/guardian has legal custody of the named student, a minor, and has given consent for him/her to attend events being organized by Walnut Hill Community Church. It is understood that there are inherent risks involved in any ministry or athletic event and hereby releases Walnut Hill Community Church, its pastors, employees, agents, and volunteers from any and all liability for any injury, loss, or damage to personal property that may occur during the course of the student's involvement.

IMPORTANT! PLEASE READ: I also acknowledge and give permission that photo and videos of my student may be chosen for display at church or via public media for promotion of Walnut Hill programs/events.

Please check only one: Yes No

I understand that this is a year-long permission slip and may request (verbal or written) its removal at any time of my choosing.

Parent/Guardian Signature _____ Printed Name _____

Date _____

PLEASE FILL OUT 2nd PAGE (OVER)

DISPENSING NON-PRESCRIPTION*PRESCRIPTION MEDICATION CONSENT & INSTRUCTIONS

Dispensing of Non-prescription Medication & Medication Instructions at Walnut Hill Community Church Youth Events 2022-2023

Medical Conditions: _____

Allergies: _____

Prescription Medications:

1. _____ for _____

Dosage: _____

2. _____ for _____

Dosage: _____

3. _____ for _____

Dosage: _____

Please check appropriate box for Non-prescription:

- All non-prescription medications
- All non-prescription medications **except** the following:

- Only** the following non-prescription medications:

I give consent for _____ (name of minor) to be given *non-prescription medication during any Walnut Hill Youth Ministries event or trip sponsored by Walnut Hill Community Church **from August 31, 2022 through August 31, 2023**. In the event that he/she is sick/injured while under the care of Walnut Hill Youth Ministries and its representatives, I hereby consent to and will be responsible for any reasonable non-prescription medication as deemed helpful by a staff or lay leader. I further agree to hold Walnut Hill Community Church and its representatives free and harmless of any claims, demands, or suits for damages arising for the authorization and provision of such medication. I understand that students are not permitted to self-medicate at Walnut Hill Youth events and trips.

(***Note:** "Advil" = ibuprofen, "Tylenol" = Acetaminophen, Pepto-Bismol, etc.)

Parent/Guardian Signature _____ Printed Name _____

Date _____

PLEASE FILL OUT 1st PAGE (OVER)
FULL YEAR PERMISSION*MEDICAL CONSENT*LIABILITY RELEASE FORM