



# Skyline Church of Christ

## Youth & Family Ministries

### Medical Release Statement & Commitment to Christ

TO: Any military, government, public or private hospital, clinic and doctors.

CHILD'S NAME: \_\_\_\_\_

I, do hereby authorize adult workers with the Skyline Church of Christ as agents for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any licensed physician or surgeon on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold harmless any physician, hospital, or other medical center for rendering of such services.

Allergies: \_\_\_\_\_ Chronic Illnesses: \_\_\_\_\_

Drugs currently being taken (please list) \_\_\_\_\_

***\*Please have medications in the original container with the proper directions.***

***For the following my (our) child may take:***

***Please provide:***

1) Headache/Fever

***Tylenol or*** \_\_\_\_\_

2) Motion Sickness

***Dramamine or*** \_\_\_\_\_

3) Allergic Reaction

***Benadryl or*** \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospitalization/Insurance Carrier Name: \_\_\_\_\_

***Attach a copy of the card, front and back***

Policy Holder (Full Name/Middle Initial) \_\_\_\_\_

Policy Number: \_\_\_\_\_ S.S. # of Policy Holder: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Employment Phone: \_\_\_\_\_

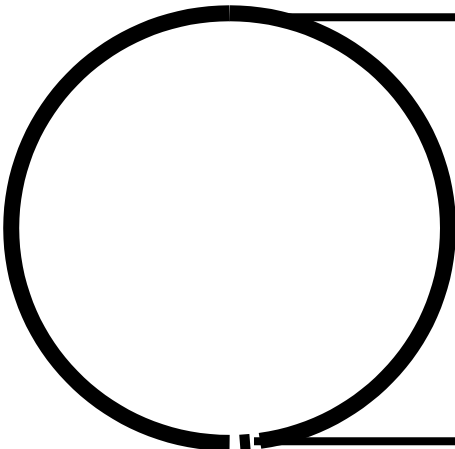
Employment Address: \_\_\_\_\_

This form is authorized for one (1) year from - January 1, 2018 through December 31, 2018.

***Parents are responsible for updating the information on this form during the interim.***

Signature of Child: \_\_\_\_\_

Signature of Parent/Guardian/Conservator/Responsible Party: \_\_\_\_\_



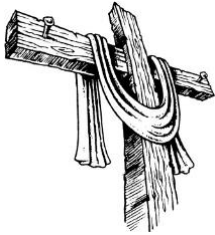
Notary Seal

Sworn and subscribed to before me at \_\_\_\_\_

this day of \_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires on \_\_\_\_\_



# Commitment to Christ

## Permission Form and Behavior Guidelines for Youth Activities/Trips

Because I (we) understand that the purpose of Skyline youth activities/trips is to serve God and others, I commit myself (my child) to the following:

I fully agree and commit while on Skyline Church of Christ activities/trips:

1. Not to use or possess alcoholic beverage(s).
2. Not to use or possess any illegal substance(s).
3. Not to use or possess tobacco in any form.
4. Not to use or possess firearm(s) or any other weapon.

If suspicion of any of these occurs, I (we) agree for an adult supervisor to search me personally, my room, my luggage and/or my personal belongings. In order to support the purpose of Skyline activities/trips and to uphold the group goals, I (we) understand that the following consequences will result if I violate the above commitment:

1. I will be asked to go home, at parents' expense
2. Parents agree to bear expense for child to go home.

This commitment is intended for the greater good of the group as well as the individual, and is intended to be exercised by all concerned in the spirit of Christ.

I give my permission for my child to attend Skyline youth group trips. I give the sponsors on this trip the right to correct and discipline my child for behavior deemed inappropriate in order to promote a good atmosphere for all involved. We further hereby release the Skyline Church of Christ, and any adults who are traveling with this group, from any and all liability claims that we may have on behalf of our child incident to any personal injuries that our child may sustain at any time during the youth event.

I give my permission for my son or daughter to have his or her photograph displayed and/or posted on the Skyline Church of Christ website, social websites, computer presentations for the church and/or youth group, or enlarged for public display on church grounds.

**THIS FORM MUST BE SIGNED BY BOTH PARENT/GUARDIAN AND TEEN**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Child: \_\_\_\_\_ Date: \_\_\_\_\_