

**HILL N DALE CHRISTIAN CHURCH
STUDENT/CHILDREN MINISTRIES**
AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT
OF MINOR CHILD DURING PARENTS' ABSENCE

I, _____, the undersigned parent or legal guardian of _____, hereby consents to his or her full participation in the activities and trips of Hill n Dale Christian Church. I understand that accidents do happen, and hereby generally release Hill n Dale Christian Church and its ministers, youth sponsors, and other employees, agents and representatives from any liability or other legal or financial responsibility for any accidental injury to the above-named child while he or she is under the supervision of such person(s).

In the event of any such accident or other situation in which the above-named child may require emergency medical or dental care, I hereby authorize any minister, youth sponsor, or other employee, agent, or representative of Hill n Dale Christian Church, in my absence, to seek out and consent to any necessary medical or dental care for the above named child; and further authorize any physician, dentist, other medical personnel, or medical or health car facility to rely on such consent and perform any necessary medical or dental care, including, without limitation, x-ray and other diagnostic procedures, administration or anesthetics or medication, and surgery; and hereby ratify and confirm whatever consent to medical or dental care that may be given hereunder.

Persons to try to contact in case of an emergency:

Name	Relationship to Child	Home Phone #	Work Phone #
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____

The Child's Physician (Name) _____ . (Phone #) _____

(It will assist in speed and detail if you are able to attach a copy of your student's health insurance card to this form.)

Insurance Company	Name of Employer (if applicable)	Employer Phone #
Policy Number	Group # (if applicable)	Insurance Phone #

Information regarding medical insurance covering the child is as follows:

Information regarding the child's health:

Social Security #: _____

Date of birth: _____ Date of last tetanus shot: _____

Current medication(s): _____

Allergies: _____

Other medical information that the minister, youth sponsors, or medical personnel should know:

This authorization shall be null and void after 1 year from the date of this document.

Signature of Parent or Guardian

Date

STUDENT CODE OF CONDUCT (excluding preschool):

Students are expected to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect authority
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- (Some events will have additional guidelines that must be followed as well.)

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the evaluations of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____

PHOTO RELEASE (NOT NECESSARY TO GO ON THE TRIP)

Hill'n Dale (HND) Christian Church Student/Children Ministries will take pictures during activities that might possibly be used for promotional purposes (flyers, promotional boards, web-site, etc.). I give Hill'n Dale Christian Church permission to publish in print, electronic or video format the likeness or image of the following student(s) _____. I release all claims against Hill'n Dale Christian Church with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

By my signature below I grant permission for my child's photograph and other visual imagery to be used for HND Youth/Children's Ministry purposes and acknowledge that I fully understand and agree to comply with the Photograph Release statements above for all Hill'n Dale activities.

Parent/Guardian: _____ Date: _____

Please check this box if you do not want your child's picture to be used in any publicity or promotion for Hill'n Dale Christian Church or The Garden Children's Ministry.

TRANSPORTATION RELEASE

My child _____, has permission to be transported by Hill'n Dale Christian Church Ministries during their times together. By my signature below I grant permission for my child to participate in the HND Youth and Children's Ministry and acknowledge that I fully understand and agree to comply with the Liability and Transportation Release statements.

Parent/Guardian: _____ Date: _____

(The authorizations on this page shall be null and void after 1 year from the date of this document.)