



# TIGARD CHURCH OF GOD - J.A.M. Ministry

## PARENTAL CONSENT / MEDICAL RELEASE FORM

*This form is to be completed and kept on file in the church office.*

*(Please fill out two (2) copies of this form for our files as originals.)*

*The use of an original document is required when involved in any activity.)*

This form may be revoked at any time by written authorization from the same parent(s) or guardian(s) and submitted to the church office or youth director directly.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Student's Cell Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Parental/Guardian Contact (s)

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Parental/Guardian Contact (s)

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Emergency Contact (if those named above are unreachable)

\_\_\_\_\_  
Phone Number

### PARTICIPATION RELEASE

I/WE, \_\_\_\_\_, the parent(s)/guardian(s) of the above named student, hereby give consent for my minor child to participate in all activities sponsored by Tigard Church of God. **Activities may include, but are not limited to, the following:** cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, tubing, hiking, biking, concerts, Bible studies, golfing, miniature gold, hayrides, white-water rafting. **Note: If you desire to limit your child's participation in any event or activity (stated or not stated above) please list below or submit your wishes in writing to the church youth pastor prior to that event.** I also understand that my minor child is to be excluded from the following activities:

### PHOTO/VIDEO RELEASE

I hereby authorize and give full consent to Tigard Church of God of Tigard, OR to use all photographs and videos in which my child appears while involved in the ministries of TCOG. Photographs and videos may be used exclusively for ministry purposes in the church, Tigard Church of God website, and Facebook page. \_\_\_\_\_ **Initial**

### MEDICAL RELEASE

I furthermore give the youth pastor/director/leaders of the Tigard Church of God the power to make health care decisions on behalf of my child who participates. I consent for my minor child to receive all medical and/or surgical treatment and/or other medical procedures (including administration of anesthesia, blood transfusions, diagnostic tests, etc.), for the above named child, which may be required during my absence. In signing this consent form, I give permission for treatment by a certified doctor/physician/dentist or medical professional with at least two attending doctors/physicians/dentists or medical professionals in agreement upon appropriate treatment.

- If circumstances permit, I would like to have our doctor consulted in connection with such treatment.

Please attempt to contact me at the following telephone number(s): \_\_\_\_\_

**Note: Consent is not required in emergency situations.**

I agree to pay for all medical, dental treatment(s) and/or services provided for my child in my absence.

**This authorization shall be effective for an indefinite period of time unless otherwise stated. This form may be revoked at any time by a parent / guardian in writing to the current church youth leader listed above or church office**

**I/We the undersigned have legal custody of the student named above, a minor, agree to the terms of the above stated Participation, Photo/Video, and Medical Releases.**

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date signed

**MEDICAL INSURANCE INFORMATION** Please print and be thorough.

\_\_\_\_\_  
Name Insurance Company

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Insurance Policy Number

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Hospital Normally Utilized

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Primary Care Physician Name

\_\_\_\_\_  
Phone Number

**CHRONIC OR EXISTING MEDICAL CONDITIONS**

(E.G., Asthma, Seizures, Diabetes) Please describe any and all conditions we should be aware of and what medications this youth is taking if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**KNOWN ALLERGIES** Please place a check mark next to each that may apply.

\_\_\_\_ Aspirin                      \_\_\_\_ I.V.P. Dyes                      \_\_\_\_ Penicillin                      \_\_\_\_ Insect Sting  
\_\_\_\_ Codeine                      \_\_\_\_ Morphine                      \_\_\_\_ Shellfish  
\_\_\_\_ Demerol                      \_\_\_\_ Novocain                      \_\_\_\_ Tetanus Toxoid

\_\_\_\_ Anesthetics \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_ Antibiotics \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_ Other \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**CONFLICT RESOLUTION or IMPASSE & LIABILITY AGREEMENT**

I understand that all reasonable safety precautions will be taken by the leaders of the activities, and that the possibility of an unforeseen hazard does exist. I further agree not to hold, Tigard Church of God, it's leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the minor listed on this form.

In the event that a dispute arises which possibly may lead to litigation on either party's behalf, I agree in such situations to the best possible resolution by individual conversation or with a neutral third party present. If this is not sufficient, a mutually agreed upon arbitrator will be selected and the arbitrators decision will be the final decision on said issue considered as the final resolution.

It is the intent of the Tigard Church of God to do everything within our power to make certain that the safety of your children and youth is of the highest priority while in transport, during all meeting or activities and return transport to a predestinated place or home.

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date signed

**Disclosure:**

*Failure to complete this form in it's entirety, with correct and current information, including dating and signature, may preempt your child or youth from participation in future events or activities. If at any time it is discovered that the signature on this form, or any other permission form, is not that of the parent or guardian, the child or youth will not be allowed to participate in events and activities.*



# **TIGARD CHURCH OF GOD**

## **RULES OF CONDUCT AGREEMENT**

*This form is to be completed and kept on file in the church office.*

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**Student Name**

### **RULES OF CONDUCT AGREEMENT**

**For your information, we expect each student to conform to these rules of conduct**

- Respect property (Including but not limited to church property, vehicles, activity locations, personal property)
- Respect one another, staff, and adult leaders (Be uplifting, polite, non-offensive, and non-disruptive)
- Participation with the group activities is expected.
- The use of appropriate language at all time is expected.
- If child is transported by our bus, students will remain seated at all time while the bus is moving, failure to comply with the bus driver or on board leaders may mean that child will not be allowed to ride the bus for a period of time. ***(This is a safety requirement)***

**Students who fail to comply with these expectations may be sent home at their parent /guardian's expense.**

### **STUDENT AGREEMENT**

I, \_\_\_\_\_, the student, have read the rules of conduct and the permission to participate in church and/ or youth group activities at Tigard Church of God. I agree to abide by the stated personal limitations and rules of conduct during all youth activities and all youth trips. I pledge to follow all instructions of the youth leader and the adult chaperones, including safety instructions.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date signed

### **PARENT/GUARDIAN AGREEMENT**

I, \_\_\_\_\_, the parent/guardian, have read the above rules of conduct and the permission to participate in church and/or youth group activities at Tigard Church of God. I agree that my student will abide by these stated personal limitations and code of conduct. I further agree that in the event of an emergency or disciplinary action I may be required to pick up my student from the church or activity location (to be determined by youth worker/leader in charge).

\_\_\_\_\_  
Signature of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date signed

### **Disclosure:**

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