

Lighthouse Fellowship

Medical Information, Publicity Release and Commitment Contract

(THIS FORM MAY BE PHOTOCOPIED WHEN COMPLETED. PRINT CLEARLY. USE BLACK INK.)

Youth's Name Phone Number

Home Address City Zip

Social Security Number Grade

Date of Birth _____

Date of last Health Exam _____

Tetanus Shot _____

TB Test _____

Youth's Doctor /Clinic Phone Number

Fathers Name Work Phone Number

Mother's Name Work Phone Number

HEALTH STORY: (Check those that apply)

DISEASES ___ Chicken Pox ___ Measles ___ German Measles ___ T.B.

ALLERGIES ___ Animals ___ Food ___ Insect stings ___ Medicine/drugs ___ Plants ___ Pollen ___ Other

If any checked please explain: _____

Shot Record ___ Hepatitis A ___ Hepatitis B ___ Tetanus Shot

CHRONIC OR RECURRING ILLNESS:

___ Ear infections ___ Contact lens wearer ___ Heart defect/disease ___ Seizures

___ Bleeding disorder

___ Asthma ___ Diabetes

___ Other (specify) _____

IN THE LAST YEAR: (ANSWER YES OR NO)

Complicating medical problems/operations? ___ Serious injury/illness requiring medical care? ___

Please explain _____

SPECIFIC INSTRUCTIONS CONCERNING MY CHILD'S Care

HOSPITAL INSURANCE INFORMATION * Attach photo copy of insurance card

Name of Carrier Policy Number

Insured's name SS#

Company name if insured through employer

Family member(s) who could be contacted to authorize treatments.

Name (Day Phone #; Evening Phone #; Relationship):

N

Name (Day Phone #; Evening Phone #; Relationship):

TRANSPORTATION

I understand that youth leaders must obtain the written consent of parent/guardian for every youth wishing to participate in an activity or outing that is held at a different place and time from the regularly scheduled group meeting. I accept responsibility for the transportation of my child to and from any Youth activity and recognize that transportation to and from Youth events is not the responsibility of Lighthouse Fellowship. I recognize that the driver of any such van or bus service that I arrange is not acting as an agent of Lighthouse Fellowship. It is my expressed intention to hold Lighthouse Fellowship and its Staff/Volunteer leaders, harmless for any and all injuries, death or damages from the results of any such transportation.

Initials _____

Youth Activities

I give permission for my youth to attend activities at Lighthouse Fellowship and to go on trips away from the church site. I give my permission for Lighthouse Fellowship authorized sponsors to chaperone overnight events.

Initials _____

PUBLICITY RELEASE

My signature on this day allows the Lighthouse Fellowship to use photographs, voice, and/or videotapes of my child for Youth Public Relations.

This information disclosed on this form may be released to Volunteer/Staff responsible for this activity, including, but not limited to group leaders, drivers, medical personnel, etc.

Initials _____

Commitment Contract

1. All students must obey all Lighthouse Fellowship leadership without question or hesitation.
2. Students are to be on time to all activities.
3. Students are not allowed to bring the following items: alcoholic beverages,

- Tobacco products, drugs fireworks, knives, and cell phones.
- 4. No portable games, CD players, MP3 players or cassette players.
- 5. No magic cards, Tarot cards.
- 6. Inappropriate T-shirts or revealing clothing.
- 7. One-piece bathing suits only.
- 8. No complaining or foul language.
- 9. All students must fill out forms and turn in money on time. If I do not pay full amount, a promissory agreement must be signed before I go on a trip.
- 10. Students must participate in all activities unless waived by Lighthouse Fellowship Staff.

Parent Agreement

I (we), the parent(s), legal guardian(s), or custodian(s) of the child/children named above, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS Lighthouse Fellowship of Fort Worth, as well as its' employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the child's activities at or sponsored by First Lighthouse Fellowship of Fort Worth.

In the event the child/children named above is/are injured while in the care of Lighthouse Fellowship and require(s) the attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, I (we) hereby authorize the Youth Pastor, and/or representatives of Lighthouse Fellowship to give consent for us if we cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as Lighthouse Fellowship, free and harmless and agree to INDEMNIFY such person, as well as Lighthouse Fellowship, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent as long as the treatment is administered by or under the supervision of a licensed physician.

Student Agreement

I have read and understand these rules and agree to obey them during my Lighthouse Fellowship youth experience.

Parent Signature and Date _____

Youth Signature and Date _____

My signature confirms that the above information is correct to the best of my knowledge and that I am authorized to execute the information form and release.

The State of Texas County of _____

BEFORE ME, A NOTARY PUBLIC, ON THIS DAY PERSONALLY APPEARED _____ TO BE THE PERSON WHOSE NAME IS SUBSCRIBED TO THE FOREGOING INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE EXECUTED THE SAME FOR THE PURPOSES AND CONSIDERATION THEREIN EXPRESSED.

Given under my hand and seal of office this _____ day of _____, 200____.

Signature _____

Notary Public, State of Texas

My commission expires the _____ day of _____, 20 _____.