AUTHORIZATION AND CONSENT TO TREATMENT OF MINORS
FOOTHILLS CHURCH – YOUTH MINISTRIES
975 FERN RIDGE ROAD, STAYTON, OR 97383
(503) 769-2731

Student Last Name: _____ First Name: _____

Grade: _____ Age: _____ Phone: ( ) _____

As parent or guardian, I/we hereby give my/our permission for _____, my/our minor child, to attend activities organized and sponsored by FOOTHILLS CHURCH in the school year commencing June 1, 2011 completing May 31, 2012.

I am aware in signing this document for the above mentioned student's participation in FOOTHILLS CHURCH'S youth events that certain elements of these activities are physically and emotionally demanding. Furthermore, I/we understand that certain risks and dangers, such as those listed below exist in the activities in which he/she is participating. These risks include: loss or damage to personal property, injury or fatality. The above risks may be caused by, but not limited to: travel to and from the activity site, inclement weather, slipping, falling, insect bites, falling objects, immersion in cold water, hypothermia, suffering any type of accident/illness in remote areas without easy access to medical facilities. I acknowledge that while FOOTHILLS CHURCH and its staff will make every reasonable effort to teach him/her proper activity techniques to minimize exposure to known risks, all hazards and dangers associated with this activity cannot be foreseen. The student has a personal responsibility to learn and to follow the safety rules and procedures established by the FOOTHILLS CHURCH staff and will make them aware at any point in which he/she questions their knowledge of these procedures, or his/her ability to participate in any activity.

In consideration of being allowed to participate in the FOOTHILLS CHURCH program, I/we hereby personally assume for my minor child, all risks in connection with said program for any injuries or damages which may occur to my child as participants and do fully and forever release its employees and volunteer staff from any and all claims, demands, damages, rights of action or causes of action, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the participant's commencement of the activity or use of the facilities, equipment and property of FOOTHILLS CHURCH except in the case of FOOTHILLS CHURCH'S sole negligence. I understand that the activity chosen may not be the safest, but has been chosen for its interest and challenge. I do, on behalf of my child, agree to indemnify and hold harmless FOOTHILLS CHURCH and the employees and volunteer staff thereof from any liability and expenses for personal or property damage or injury not caused by their negligent actions.

My signature on this document is also intended to bind my successors, heirs, representatives, administrators and assigns.

My signature below is in effect for the term of June 1, 2011 to May 31, 2012 and is including but not limited to: routine Senior High and Middle School night activities and games, Special Outreach activities, Small Group activities, Overnights, Retreats already on the 2011-2012 calendar:

_____ Date _____/_____/_____
Signature of Parent or Guardian

_____
Please Print Parent Name Here

Foothills Church Youth Ministries
Health Form

Personal Health History

To the Applicant: The information provided on this form is treated confidentially and will be put into your file and only used in the case of an emergency or when medical information is needed for treatment. Please type or print in ink.

Name of Student _____

Age _____ Date of birth _____ Place of birth: _____

Address _____ Phone _____

Do you have Medical Insurance? YES __ NO__ Name of Insurer_____

Medical Insurance Number _____ Medical Coverage (briefly) _____

Name, Address, and Relationship of a close relative _____

_____ Phone _____

Persons to Contact in case of Emergency _____

Address _____ Phone _____

Alternate Phone _____

PERSONAL HISTORY: Please answer all questions.
Comment on any "yes" answers in the space provided below or on a separate sheet.
Have you ever had or do you now have any of the following?

No	Yes		No	Yes		No	Yes	
								SURGERY:
___	___	Skin conditions	___	___	High blood pressure	___	___	Appendectomy
___	___	Eye trouble	___	___	Low blood pressure	___	___	Tonsillectomy
___	___	Ear trouble			ALLERGIES:	___	___	Hernia repair
___	___	Head injury	___	___	Antibiotics-specify			Other _____
___	___	Recurrent headache	___	___	Food-specify	___	___	Kidney disease
___	___	Fainting spells			Other: _____	___	___	Anemia
___	___	Nervous disorders	___	___	Heart trouble	___	___	Tumor/Cancer
___	___	Weakness	___	___	Rheumatism/Arthritis	___	___	Venereal Disease
___	___	Paralysis	___	___	Back problems			
___	___	Insomnia	___	___	Dislocations of joints			
___	___	Shortness of breath	___	___	Broken bones			FEMALE ONLY
___	___	Hay fever	___	___	Stomach/Duodenal ulcer	___	___	Irregular periods
___	___	Asthma	___	___	Gall bladder problems	___	___	Severe cramps
___	___	Jaundice	___	___	Intestinal troubles	___	___	Excessive flow
___	___	Hepatitis	___	___	Recurrent diarrhea	___	___	Previous pregnancies

EXPLANATION: _____

_____

_____

_____

_____

_____

Are you presently under a doctor's care for any conditions? No ___ Yes ___ (Specify):

Are you taking any medications at this time? No ___ Yes ___ (Specify)

Are you allergic to any drugs? No ___ Yes ___ (Specify):

Do you have a history of impairments, handicaps, or health conditions, which require special attention?
No ___ Yes___ (Specify):

Have you ever had or been tested for any of the following COMMUNICABLE DISEASES?

No	Yes		No	Yes	
___	___	Chicken Pox	___	___	Pertussis (Whooping cough)
___	___	Measles (Rubella)	___	___	Scarlet Fever
___	___	Measles (Rubeola)	___	___	Tuberculosis: if yes, Date of test _____
___	___	Mumps			

IMMUNIZATION RECORD:

	No	Yes	Date:		No	Yes	Date:
Diphtheria/Tetanus Series	___	___	_____	Typhoid	___	___	_____
Pertussis Series	___	___	_____	Cholera	___	___	_____
Tetanus/Diphtheria Booster	___	___	_____	Smallpox	___	___	_____
Polio (Series of 3)	___	___	_____	Yellow Fever	___	___	_____
Polio Booster	___	___	_____	Hepatitis A (Series)	___	___	_____
Measles	___	___	_____	Hepatitis B	___	___	_____
Mumps	___	___	_____	Meningococcal Meningitis	___	___	_____
Rubella	___	___	_____				
Other:	___	___	_____				

Note on Immunizations: Please provide an accurate record of all immunizations INCLUDING THE SPECIFIC YEAR. Please answer yes or no to every type of immunizations listed. While you do not need to have had all the immunizations listed at the time of application, certain ones are required. You will be notified of which immunizations you will need.

I, _____, have completed this form to the best of my knowledge. Furthermore, I understand the need to notify the FOOTHILLS CHURCH YOUTH OFFICE of any change in my child's medical, health or insurance information during the year.

Signature of Parent or Guardian: _____ Date: _____

FOOTHILLS CHURCH
Youth Ministries Discipline Policy

Here at Foothills Church, we love students and their families! Our ministry seeks to create an environment consisting of activities and programs that will, while working alongside families, train and educate students toward maturity. A component of this environment includes certain behavior and cooperation standards that the students are expected to follow. These standards include:

- ∞Following the direction of the youth staff leadership (paid as well as volunteer)
- ∞Showing respect and a cooperative attitude
- ∞Respecting the rights and property of others
- ∞Abstaining from the use of drugs, tobacco products and alcohol during any church sponsored activity.

There standards remain consistent in their nature, but vary in specifics from activity to activity as the goals and purposes of each activity vary. When students choose not to abide by these standards, disciplinary responses are given. These responses can include loss of free time, work detail, separation from the group, etc. Depending on the severity of the case, the parent may be informed. In serious cases, the student may be sent home at the expense of the parents. In all cases, the ministry benefit to the student and to the entire group is the primary goal. Discipline is always administered for the good of the student and the group.

I have read the above statements and will abide by the discipline policy:

_____ Date: _____/_____/_____
Signature of Student

I have read the above statements and I am in agreement with them. If deemed necessary by the leadership, I will pick up my son/daughter from an activity, or pay for his/her transportation home:

_____ Date: _____/_____/_____
Signature of Parent or Guardian