

# Calvary Bible Church

Youth Ministry Medical & Liability Forms

2020-22

Dear Parents,

First of all, I want to say thank you for giving us the opportunity to serve you and your student. The reason we do what we do is that we believe God loves teenagers and we want to have a positive impact on the young person that you love so much.

Thanks for taking the time to fill out these forms – we know it's a lot of paperwork and that's why we are always looking for better ways to make this process easier while still protecting your student fully. We want to be prepared in the unlikely event that your student will need immediate medical care when they are with us. We want you to know that it is our top priority to keep your student safe and cared for. We will make every effort to create a healthy environment for your student's physical, social, emotional, and spiritual well being and growth. We realize that you are entrusting us with your most precious "possession" and we will do our best to live up to that responsibility and take care of your student.

If you have any questions about our youth ministry please let us know how we can help!

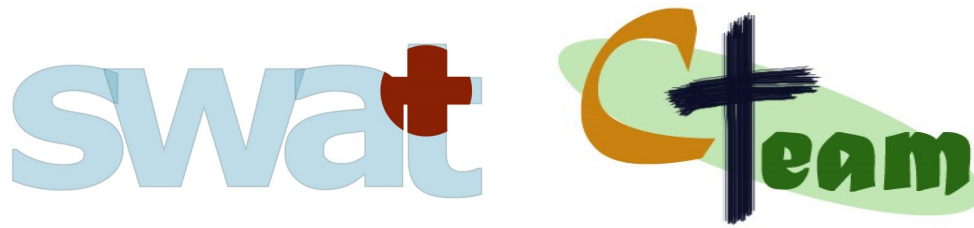
Serving Jesus,

Pastor Michael Hansen

Steve Mercer

& the Jr. High Leadership Team





## Explanation of Youth Forms

1. **First Form** (*Medical Authorization (to Treat) & Disclosure*)
  - a. **Front** side of *first* form ~ Part A: This allows us permission, from the parents/guardians, to give doctors and hospitals etc. the go ahead to treat your son or daughter, in the unlikely event that they are hurt and need medical attention. Part B: This is the basic information about your student, for medical treatment purposes, including their identity, doctor's, health insurance, any known conditions they might have and contact information in case of emergency.  
***\*\*Please note that if any of your personal information, medical or insurance information changes at any Time during the duration of this form, we need to have the changes in writing as soon as this is known in Order to keep our ability to care for your student properly if a medical situation were to arise.***
  - b. **Back** side of *first* form ~ Part C: This is a long form, required by law, that gives the doctors and hospitals, etc. your permission to release medical information about your child to us, as we seek treatment for him or her. This is especially helpful and important if, after receiving treatment, there is information we, as leaders, need to follow-up on their care before they get home (e.g. giving of medicines, wound dressings, etc.) It's important that you read and fill out paragraph 2a or 2b carefully.
2. **Second Form** (*Parental Consent & Participation Release of Liability*)
  - a. **Front** side of *second* form ~ (*I. Release of Claims*): This is required by our insurance company and our lawyers, and gives your child permission to participate with us on all youth group and C-Team/SWAT events for the year, and says that you won't sue the church for injuries, etc. they might suffer, unless those mishaps result from the church's *intentional* or *reckless* conduct.
  - b. **Back** side of *second* form ~ Top part (*II. Indemnification*): Also recommended by insurance coverage and legal advice, this says that even though you said you wouldn't sue the church, if you do, or if an insurance company does ***with your permission***, then the church could make a claim to recoup its losses (e.g. lawyer fees, expenses, damage awards, etc.). Of course, if an insurance company (or another third-party) sues the church but you have not authorized it (i.e. given it permission to do so), then you are not required to pay back the church for its losses. Boxed part (*Permission for Use of Image in Website & Other Mediums*): This *optional* part allows the church to use your child's photographic image on the church's C-Team/SWAT webpage and other media (printed or digital) please note that we will not post names with pictures for your child's safety.

**Thanks for your cooperation!**

# Medical Authorization (to Treat) & Disclosure

Calvary Bible Church ~ Youth Ministries/Group (SWAT, C-Team & Others)

\_\_\_\_\_ grade: \_\_\_\_\_

## A. Authorization to Consent to Medical/Health Care & Treatment

My/our consent is hereby given for Calvary Bible Church (hereinafter "CBC"), its staff, leaders, chaperones, counselors or other representatives responsible for the CBC youth ministries/group to consent to and obtain any and all medical, dental or other health care deemed reasonably medically necessary by a qualified health care professional(s) for my child, \_\_\_\_\_, in the event of any sickness or injury occurring to my/our said child while present and/or participating in the events and activities of said youth ministries/group. I understand that this form is to be used for any event during the period of June 2020 through September 2022. I understand that in such event, while every reasonable effort will be made to contact me as soon as is practicable, such contact may not occur until much later. ***I also know that if any medical or insurance information changes that I need to notify the leaders in written form to add to this form.***

By signing this form, I/we \_\_\_\_\_ (PARENT(S)) agree that our child \_\_\_\_\_:

- May participate in any planned or reasonably anticipated activities of the youth group (e.g. C-Team, SWAT, Work Weekends, Sunday School/Basic Training, Overnight Retreats or other)
- **Has the physical abilities required to so participate**
- **Does not** have any known but undisclosed physical, mental or emotional condition that would make his/her said participation unreasonable, dangerous, harmful or otherwise inadvisable for him/her

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
Date

## B. Student Health & Medical Sheet for: \_\_\_\_\_

*Student's Name*

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
month      day      year

My Student is allergic to the following foods, medications, etc:

Parents: \_\_\_\_\_

Special remedy for serious allergic reaction & who will have it:

Address: \_\_\_\_\_  
Street and Number

\_\_\_\_\_  
city    state    zip code

My student has the following medical condition/ physical concern:

In case of emergencies or disciplinary concerns,  
please contact: \_\_\_\_\_

My student has the following dietary needs or restrictions:

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Work (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_

Or Other Adult: \_\_\_\_\_

Phone: \_\_\_\_\_

My student will need to be on the following medication when away from home:  
*(please list proper dosage instructions)*

Family Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Subscriber or Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_

### Over the Counter meds:

My student can take the following when needed:

- |  |  |                                |
|--|--|--------------------------------|
| <input type="checkbox"/> Tylenol           | <input type="checkbox"/> Advil/Ibuprofen | <input type="checkbox"/> Midol |
| <input type="checkbox"/> Antihistamine     | <input type="checkbox"/> Decongestant    | <input type="checkbox"/> Tums  |
| <input type="checkbox"/> Cough Suppressant | <input type="checkbox"/> Pepto Bismol    |                                |
| <input type="checkbox"/> Other: _____      |  |                                |

I prefer that a leader holds and gives the medications

My SWAT student is able to hold and take their own medications  
(leaders always hold medicines for C-Teamers)

### C. Authorization to Disclose Private Health Information (HIPAA)

Patient Name: \_\_\_\_\_ Health Record Number (if known): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ S.S. No.: \_\_\_\_\_  
(or last four digits)

I authorized the use or disclosure of the above named individual's health information as described below:

1. The following individual or organization is authorized to make the disclosure:

\_\_\_\_\_ (*filled in at time of service*)

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

2. If **2a** is not desired, please cross it out with a single line e.g. ~~cross out~~ and complete section **2b**, fully:

**2a** [] Any or all of the following types of information (specified in **2b**) deemed necessary by health care professionals

**2b** Only the information listed below (check all that apply)

- Medications list
- List of allergies
- Follow-up care & treatment
- Most recent discharge summary
- X-ray and imaging results
- Consultation reports from (doctor's names) \_\_\_\_\_
- Any other information deemed medically necessary for the purpose of diagnosis, treatment or follow-up.

3. I understand I have the right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present any written revocation to the health information management department. I understand the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. Unless otherwise revoked, this authorization will expire at the end of the pending of my claim, lawsuit or other need for such information.

4. I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I need not sign this form in order to assure treatment. I understand I may inspect or copy the information to be used or disclosed, as provided in CFR 164.524. I understand my disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality laws.

If I have questions about disclosure of my health information, I can contact: \_\_\_\_\_  
(health care provider representative)

5. Wisconsin Restriction. I understand that a recipient of medical information in Wisconsin may not further disclose medical information about me (patient) unless a new authorization form is signed by me or my personal representative or unless the disclosure is specifically required or permitted by law (To health care provider: strike if inapplicable).

6. You are further authorized to discuss my case in detail with Pastor Michael Hansen, Dana Remington or any other authorized representatives of Calvary Bible Church and its youth ministries/group, including \_\_\_\_\_, and assist them in any way they may request your services.

7. I acknowledge receipt of a signed copy of this authorization \_\_\_\_\_ (Initials).

\_\_\_\_\_  
*Signature of Patient or Legal Representative*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*If Signed by Legal Representative, Signature of Witness*

[ ]

**Student Ministries—Calvary Bible Church**  
**Parental Consent & Participation Release of Liability**  
(READ *Before* SIGNING)

grade: \_\_\_\_\_

**I. RELEASE OF CLAIMS (promise not to sue)**

By allowing our child, \_\_\_\_\_, to partake as a student participant in any student ministries (hereinafter "youth group") program or event being sponsored and/or conducted by Calvary Bible Church, of Neenah, Wisconsin, Inc. (hereinafter "CBC"), from June 1, 2020 through September 30, 2022, including but not limited to: SWAT/C-Team programs on Wednesday evenings, campouts, lock-ins, retreats, fundraisers, movie nights, paintball outings, theme park outings, photo scavenger hunts, work weekends, various sports, other outdoor activities and all transportation for events & activities. I/we know that I/we must sign this Parental Consent & Participation Release of Liability form, to allow my/our child's said participation, and that by so signing I/we do hereby give our consent for his/her participation. Furthermore, my/our consent is given for CBC, its staff, leaders, chaperones, counselors or other representatives responsible for the said event to obtain any and all medical, dental or other health care reasonably deemed medically necessary by a qualified health care professional for my child, in the event of any sickness or injury occurring to my/our child. I understand that while every reasonable effort will be made to contact me in such event as soon as is practicable, that such contact may not occur until much later.

By signing this form, I/we \_\_\_\_\_ (PARENT(S)) agree that our child \_\_\_\_\_:

- May participate in any planned or reasonably anticipated activities of the youth group (e.g. C-Team, SWAT or other)
- Has the physical abilities required to so participate
- Does not have any known but undisclosed physical, mental or emotional condition that would make his/her said participation unreasonable, dangerous, harmful or otherwise inadvisable for him/her

As parents, and on behalf of our child, **we agree that we will not** hold CBC its board, officers, staff, employees, volunteers or other agents liable for any injury, loss, damage or accident that he/she might encounter in the course of participating in the above-mentioned activities or events.

We know that by signing this release that we are not waiving any liability of CBC for its intentional or reckless acts, but we are, on our own behalf and, to the extent allowable by law on behalf of our child, expressly waiving such claims for CBC's inadvertent or negligent acts.

We realize and acknowledge that by engaging as a participant, there are risks and possible dangers to our child's health, life, and person when partaking of certain activities and events of the youth group, which risks can include, but are not limited to: broken bones, lacerated skin, sunburn, heat stroke, injuries from falling or flying objects, automobile accidents, other like calamities and even death. On behalf of our child, we understand the potential risks when participating in the activities that he/she will be called upon to engage in as a participant, and subject to the terms of this Parental Consent & Participation Release of Liability, we (on behalf of ourselves and, to the extent allowable by law, our child) unconditionally agree to hold CBC, its board, officers, staff, employees, volunteers or other agents harmless for any liability (except for intentional or reckless acts) concerning his/her life, personal health and well-being while participating in activities and events of the youth group.

As a part of our release of claims, as mentioned above, we agree that at no time will we make a claim, file suit or otherwise initiate any legal proceedings against CBC for any of the claims for which we have released CBC arising from or related to the events mentioned in this release or our child's death, injury or damage arising from them.

## II. INDEMNIFICATION (Promise to reimburse):

- A. We agree that if CBC at any time in the future is sued, has a claim made against it, or is otherwise caused to defend itself against claims we might make, or that might be made on our or our child's behalf and with our express written consent, and related to events or activities mentioned in **Part I.** of this release (See front side), we will in such case reimburse CBC for any and all of its cost and expense in making such defense, including court costs and reasonable attorney fees, as well as reimburse it for any amounts that might be awarded against it or any amounts or sums for which it might be deemed liable to us or our child, arising out of any suits, actions or claims made, relating to the events or activities mentioned in **Part I.** of this release.
- B. The language of **Part II(A)** of this document (above paragraph) hereof notwithstanding, we or our child, shall not be required, nor do we agree, to so reimburse CBC in the event that any such claims are made on our behalf by a health (or other) insurance provider or any other third-party but are made without our express, written consent.

**THIS IS A RELEASE OF CERTAIN LEGAL RIGHTS AND LIABILITIES, AND AS SUCH SHOULD NOT BE SIGNED BY STUDENT PARTICIPANT OR HIS/HER PARENT(S) UNLESS IT IS FULLY UNDERSTOOD AND AGREED TO BY THE STUDENT AND PARENT(S) SIGNING IT.**

Signature (Student) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Signature (Parent) \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### ***Optional.***

#### **Permission for Use of Image in Website & Other Mediums**

Calvary Bible Church uses photos to enhance our website and brochures by showing child & student involvement in our church ministry and activities. We request your permission to use your child's/student's picture in either of these ways. Names will not be used in conjunction with photos of minors.

Please fill out the following form acknowledging your preference:

Child or Student Name: \_\_\_\_\_

Please Check one:

- As parent/guardian, I give permission to Calvary Bible Church to include my child's / student's image on the website or in a brochure.
- As parent/guardian, I do ***not*** give permission to Calvary Bible Church to include my child's / student's image on the website or in a brochure.

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

Signature of Student: \_\_\_\_\_ Age: \_\_\_\_\_