

GOOD SHEPHERD LUTHERAN CHURCH

822 Belvoir Avenue - Chattanooga, TN 37421

Office: (423) 629-4661

SURGE YOUTH MINISTRY HEALTH FORM

Valid from June/July/August 1, 2023 through July 31, 2024 Initial: _____

This form constitutes a permission statement, which must be signed by parent or guardian.

Student's Name: _____ **Sex:** ____ **Date of Birth:** _____ **Grade:** ____
Last First Middle MM/DD/YYYY

Father:
Name: _____
Address: _____
City, State, Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____
E-MAIL: _____

Mother:
Name: _____
Address: _____
City, State, Zip: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____
E-MAIL: _____

PERSON TO BE CONTACTED WHEN PARENTS CANNOT BE REACHED:
Name: _____
Address: _____
City, State, Zip: _____
Res. Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____

PERSON WHO WILL ASSUME RESPONSIBILITY FOR MEDICAL EXPENSES:
Name: _____
Address: _____
City, State, Zip: _____
Res. Phone: (____) _____
Cell Phone: (____) _____
Bus. Phone: (____) _____

Student Resides With: Both Parents _____ Father _____ Mother _____ Other _____

HEALTH INSURANCE CARRIER: ****Include a CLEAR Copy of the Insurance Card, Front AND Back****
Ins. Co. Name: _____ Insured Person: _____
Address: _____ Certificate No.: _____
City, State, Zip: _____ Group No.: _____

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

(We), the undersigned parent(s)/guardian of _____, a minor, do hereby authorize the Pastor, the Director of Youth Ministries, and their designee of Good Shepherd Lutheran Church, Chattanooga, Tennessee, as agent of the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment (including first-aid) and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Tennessee Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician, at a hospital, or any location supervised by Good Shepherd's personnel. This authorization also applies to dental care under a dentist, licensed under the Dental Practice Act, as well as to providing first-aid on Good Shepherd Lutheran Church's campus, field trips, or in connection with any other Good Shepherd Lutheran Church sponsored activity.

It is understood that this authorization is given in advance of any specific diagnosis, treatment (including first-aid) or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all diagnosis, treatment (including first-aid) or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable; and neither said agent(s) or any organization involved, including without limitation Good Shepherd Lutheran Church, assumes liability or financial responsibility for exercising the power given by this authorization. This authorization is given pursuant to the provisions of the Family Code of Tennessee and shall remain effective until revoked in writing and delivered to said agent(s).

Date: _____ Signed: _____
(Signature of parent(s) or person having legal custody or the legal guardian of the student named above.)

NOTIFICATION OF PUBLISHING OR SHOWING MINOR CHILD'S STILL OR MOVING IMAGE

I, the parent/guardian of _____, understand that pictures may be taken during the activities at Good Shepherd Lutheran Church of Chattanooga, TN, or under its direction, then presented in various church sponsored media. These include, but are not limited to, pictures, video productions, newsletters, television programs, web casts, brochures, handbooks, programs, social media posts, and Internet web pages. This section serves as notification to you that any meetings, events and activities (including worship) are considered public and may be video-taped and/or photographed and used in the above listed manner.

GSCL SURGE YOUTH MINISTRY HEALTH FORM CONTINUED...

GENERAL INFORMATION:

1) Do you give your teen permission to ride in the youth van/chaperone vehicles for short group outings? Circle "YES" or "NO." (*NOTE: the van/cars will always be driven by a youth leader or chaperone - never by a youth.)

YES NO

2) Who else, if anyone, (other than yourself, your spouse, other immediate family members, or our current youth leaders) is allowed to pick up, drop off, or chaperone/accompany your child? (i.e. - family friends, church members, teen's friends of driving age, neighbors, etc...). *Please list their **full name(s) AND their relationship(s) to you/your teen** below. They will need to show ID upon arriving to pick up your child. This is an extra safety measure.

HEALTH CONCERNS:

1) Does your teen have any allergies or food sensitivities? If so, please list them below, **and** describe the severity of their allergic reaction(s) to different levels of exposure to those allergens.

2) Does your teen take any prescription medication regularly? If so, please list it below and let us know if they need to have this medication with them at all times. (i.e. - an inhaler, epi-pen, insulin, allergy meds, etc...)

3) Are there any activities that your teen *cannot or should not* participate in due to health, injury, or other concerns? If so, please list those activities below.

4) Any other concerns or health information we need to know? Please note below.

GSCL SURGE YOUTH MINISTRY HEALTH FORM *CONTINUED...*

YOUTH CODE OF CONDUCT

As part of Good Shepherd Lutheran Church and our community of faith, I will conduct myself in such a way that my outward appearance and behavior reflects my inner relationship with Jesus Christ/the values of our group. I understand that my choices and behaviors affect the whole group. Therefore, I promise to abide by the following rules & guidelines:

1. I will acknowledge & respect the authority of the Youth Director and chaperones, and I will follow their rules/instructions at all times (**including the cell phone rule*).
2. I will respect the rights of others and will not verbally, emotionally, or physically hurt another person.
 - I understand that *no bullying of any kind will be tolerated*; and, if bullying does occur, the offending party will face consequences.
3. I will be respectful and caring of all others, both in and outside of our group.
4. I will not use any profane or explicit language at any time.
5. During youth group, I will store my cell phone in the cell phone holder by the youth room entrance or put it away in a purse/bag/backpack. I will only use my cell phone with permission, and at times deemed appropriate by the Youth Director and chaperones.
6. I will not use a cell phone, iPad, laptop, or any other device to view/listen to inappropriate content of any kind - nor will I send/share any form of inappropriate content with others at any time.
7. I will not abuse my body with drugs, tobacco and/or alcohol at any time, and I will not have these substances in my possession.
8. I will not have any weapons in my possession at any time (including, but not limited to - pocket knives, pepper spray, or any other small devices which might be used as a weapon).
9. I will respect the property of others & of the church.
10. I will not leave/wander away from the group without permission & direct supervision from the Youth Director, a chaperone, or adult leader within our group.
11. If any problems or concerns do arise (either originating within the group or outside of it), I will bring said concerns to the Youth Director immediately so that a safe, God-pleasing solution can be found.
12. I understand that a violation of any of these guidelines will result in consequences including, but not limited to: notifying parents or guardians of the incident, having to sit out of event activities, not being allowed on trips, or being sent home early at the parents'/guardians' expense.

Signature of Youth:

Date:

Signature of Parent:

Date:

GSCL SURGE YOUTH MINISTRY HEALTH FORM CONTINUED...

PARENT COMMITMENT

I am invested in my child's Christian education, and because of this I realize that participating in Good Shepherd's SURGE Youth Group is a part of his/her Christian life which will be a beneficial addition to any outside Christian instruction.

I realize that in order for events and activities to take place, it will involve parental help and participation.

I will drop off and pick up my child from youth group - and if I am unable to do so for whatever reason, I will contact the Youth Director [ahead of time, if at all possible] to allow the leaders a chance to accommodate the need for a ride.

**And, if someone else has my permission to pick up my child, I will let the Youth Director know the details before youth group.*

I am in agreement with the Good Shepherd Lutheran Church Youth Guidelines.

I have read, and am in full support of, the Youth Code of Conduct and will hold my child accountable to it.

We/I will be willing to help out in the following areas:

_____ Provide food/beverages for activities

_____ Provide transportation to/from off-site activities

_____ Be a chaperone at an activity (training will be provided)

_____ Make phone calls (advertising youth events, inviting people to activities, recruiting helpers, etc...)

_____ Make financial contributions for youth functions

_____ Other (please specify in the space below)

Signature of Parent:

Date:
