

**FUNCTIONS AT/WITH
LUTHERAN CHURCH OF THE RESURRECTION
9812 HAMILTON AVENUE, HUNTINGTON BEACH, CALIFORNIA**

September 1, 2020 through September 1, 2021

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I/We the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize Lutheran Church of the Resurrection as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any surgeon and physician licensed under the provisions of the Medical Practice Act on the medical staff of any accredited hospital, whether diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I will not hold Lutheran Church of the Resurrection, its members, officers, youth leaders, those providing transportation, entertainment, or lodging liable in any way for any injury sustained. I also give permission for those in charge to obtain any medical care they feel is necessary for my child.

I authorize Lutheran Church of the Resurrection to use any photos or videos taken of my child for use in church promotional material, website and social media pages.

This authorization shall **remain effective until September 1, 2021**, unless sooner revoked in writing and delivered to said agents.

PARENT/GUARDIAN _____ DATE _____

****IN CASE OF EMERGENCY, PARENTS WILL BE CONTACTED IMMEDIATELY. ****

DATE OF BIRTH _____ LAST TETANUS TOXOID BOOSTER _____

ALLERGIES _____

TELEPHONE CONTACTS

FATHER	HOME	WORK
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MOTHER	HOME	WORK
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LEGAL GUARDIAN	HOME	WORK
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CONTACT IF PARENT/GUARDIAN IS NOT AVAILABLE	HOME	WORK
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FAMILY PHYSICIAN _____ PHONE _____

INSURANCE COMPANY _____ PHONE _____ POLICY NO. _____

**LUTHERAN CHURCH OF THE RESURRECTION
YOUTH MINISTRY EVENT/S COVENANT**

I'm excited about the Resurrection Lutheran Youth Ministry Program. I want to get to know other youth, understand God and myself better, grow spiritually, meet new people, and encourage others to do the same.

I understand that each youth participant is required to sign this covenant and agree by the following guidelines at all Resurrection Youth Ministry events:

1. Taking responsibility for my conduct by showing respect for others by:
 - A. Not using profane or rude language
 - B. Observing their right to express opinions
 - C. Listening as we would expect to be listened to
 - D. Being inclusive and avoiding cliques and
 - E. Being considerate of others who may not be part of our group

2. Taking responsibility for my attendance by being punctual and attending the entire scheduled event or meeting in mind, body and spirit, including Bible studies, worship and organized recreation activities. This gives me maximum opportunity to understand my relationship with God.

3. Taking responsibility for my conduct by agreeing that:
 - A. The use or possession of alcoholic beverages, drugs, fireworks or weapons, including knives, during the course of our time together is unacceptable. If caught with these, I understand that the items will be confiscated and not returned to me and I will call my parents to tell them about the incident.

 - B. I will stay with the group at all times unless I have permission from a youth sponsor stating otherwise. When attending an off-campus event, I will also use the "Buddy System" which I understand means that I will stay with at least one other person (if not more) at all times. This gives me the best opportunity to get to know those who are attending the events with me.

 - C. Each person will be in his/her own room at the curfew. There will be no persons of the opposite sex in my room after curfew unless otherwise stated by the Youth Director.

4. I understand I must attend off-campus youth events with the Resurrection Youth Group and cannot make independent arrangements to attend the event to avoid these guidelines. This also means that transportation is provided for me by the youth sponsors or chaperones and that I, even though I may have my own license, cannot drive to or from off-campus youth events, unless otherwise specified by my parent/guardian or Youth Director.

I've read and understand this covenant. I understand that if I do not abide by the above guidelines, I will be held responsible for my actions and I may be sent home at my parents' expense. As a sign of my commitment to the program and to one another, I agree that any break of this covenant needs to be addressed immediately by the whole group, regardless of the schedule.

Youth participant signature _____ Date _____

I've read and understand this covenant. I will require my son/daughter to keep the covenant. Though I anticipate no problems, I will be available and ready to come get my son/daughter if he/she does not keep any part of this covenant. I will support the Youth Director who has the authority and responsibility for implementing the youth program at Lutheran Church of the Resurrection and for carrying out its policies and practices. I will keep my youth, the leaders and the entire group in my thoughts and prayers.

Parent or legal guardian signature _____ Date _____

Contact Form

Lutheran Church of the Resurrection

Please fill out one form per youth

Youth's Name: _____

Grade: _____ School: _____

Parent/Guardian Name(s): _____

Cell #: _____

Email: _____

I wish to receive text message reminders of upcoming events (no more than one a week).

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Allergies? None Yes: _____

Other notes: _____

Non-Prescription Medication Authorization 2020-2021

At all events held by Lutheran Church of the Resurrection, the following non-prescription medication will be available at the recommended dosage from a staff person in the case of an emergency.

- Tums
- Tylenol
- Children's Tylenol
- Midol
- Benadryl
- Children's Benadryl
- Calamine Lotion
- Suntan Lotion
- Aloe Vera Lotion
- Cough Drops
- Chapstick
- Eye Drops
- Neosporin

I, _____, hereby give permission for the representatives of Resurrection Lutheran Church to administer above medications to my child, _____, with the exceptions indicated below.

Signature of Parent/Guardian

Date

Medication Exceptions:

Resurrection Lutheran Church

2020-2021 Attendance Acknowledgement and Disclosure for Parents COVID-19
Public Health Emergency August 2020

Please read and initial each statement below.

___ I understand that to enter Resurrection Lutheran Preschool building my child must be free from COVID-19 symptoms: * Fever of 100.4 degrees Fahrenheit * Cough *Nasal Congestion *Runny Nose * Sore Throat *Shortness of Breath * Diarrhea *Nausea *Vomiting *Fatigue *Headache * Muscle aches.

___ I understand that my child's and adult's temperatures will be taken upon arrival and register below 100.4 degrees F before proceeding into the Resurrection Lutheran Church meeting area.

___ I understand that, regarding face coverings, Resurrection Lutheran Preschool will follow the recommended face covering guidance from the governor for adults. Children's face coverings are optional.

___ I understand I must practice social distancing and remain 6 feet from all other people, except for my own child.

___ I understand that my child must wash their hands with soap and warm water for at least 20 seconds before proceeding into the Resurrection Lutheran Church meeting area.

___ I understand that I will take my child to the courtyard entrance gate and be received by LCR staff. I will not be allowed to enter the courtyard at drop off and pick up time.

___ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter Resurrection Lutheran Church campus beyond the designated drop-off and pick-up area.

___ I understand that this procedure change is for the safety of all persons present in the building and to limit to the extent possible everyone's risk of exposure.

___ I understand if, during the course of meeting, my child becomes ill with any symptoms, they will be removed from the group and an LCR staff member will be with them at all times. I will be contacted, and your child MUST be picked up from the facility within 30 minutes of being notified.

___ I understand that in the case of a NON-COVID-19 illness, my child will need to be symptom-free and fever-free without any medications for 24 hours, before returning to youth group.

___ I understand that in the case of COVID-19 illness in my home, my child will be quarantined at home for 14 days and must be symptom free without any medications for 24 hours before returning to Resurrection Lutheran Church.

___ I understand that my child's youth group meetings will be canceled for 14 days if there is a confirmed case of COVID-19 with any child or staff member in accordance with health department, Resurrection Lutheran Church and Preschool COVID-19 guidelines.

___ I understand that I will immediately notify Resurrection Lutheran Church staff if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in above, is advised to quarantine, has tested positive, or is presumed positive for COVID-19.

___ I understand that it is my responsibility to inform any adult contact and/or emergency contact persons of the information contained in this agreement.

____ I understand that while present on Resurrection Lutheran Church campus each day, my child will be in contact with children, families and staff who are also at risk of community exposure.

____ I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection.

____ I understand that I play a crucial role in keeping everyone on the Resurrection Lutheran Church campus as safe as possible, and reducing the risk of exposure by following the practices outlined in this agreement.

I, _____, have read, understand, and agree to comply with the provisions listed.

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Parent Signature: _____

Date: _____