

St. Philip Lutheran Church Medical Release and General Permission Form 2016-2017

Name of Participant (please print) _____

Address _____

Home Phone Number _____

Date of Birth _____ Age _____

1. Participant is allergic to:

2. Please list any restrictions on diet or exercise:

3. Does the participant have any special needs or problems? If so, please list:

4. Is the participant on regular medication? If so, please list the drugs, dosages, frequency and any instructions:

RELEASE OF ALL CLAIMS

- In consideration of being accepted by the St. Philip Lutheran Church for participation in youth ministry events, I (we) do on behalf of my (our) child do hereby release, forever discharge, and agree to forever hold harmless St. Philip Lutheran Church, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child resulting from said child's participation in the church sponsored youth events, including travel, recreation and all associated activities.
- Further, I (we) on behalf of my (our) child/participant (under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I have made private arrangements for any medication taken on a daily schedule by my child/participant.
- I (we) am (are) the parent(s) or legal (guardians(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my (our) child.
- I (we) give permission for my (our) child to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.
- I (we) also grant St. Philip Lutheran Church unrestricted rights to use any images (still and video) from the event for publication in the Epistle, displayed in the church and on the website/Facebook.

Parent's/Guardian's signature: _____

Phone: (H) _____ (C) _____ Date: _____

Emergency contact: _____ Phone: _____

Name and address of insurance company _____

Member #: _____ Group #: _____

Policy Holder Name: _____ Company Address: _____