

**Medical Release and General Permission Form  
Youth and Family Ministry Activities**

Name of Participant (please print) \_\_\_\_\_

Name of Parent/Guardian (please print) \_\_\_\_\_ Cell Phone number \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone number \_\_\_\_\_ Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Grade Level \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address and phone number \_\_\_\_\_

Participant is allergic to \_\_\_\_\_

List restrictions to diet or exercise \_\_\_\_\_

List any special needs or problems \_\_\_\_\_

List regular medication (include drugs, dosage, frequency and instructions) \_\_\_\_\_

RELEASE OF ALL CLAIMS

In consideration of being accepted by St. John's and/or St. Paul Lutheran Churches for participation in youth ministry events:

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless St. John's and/or St. Paul Lutheran Churches, 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/participant resulting from said child's participation in the church sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of 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 (we) 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 guardian (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/hospital, share the above medical information and authorize treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

**The last two claims are optional. Please initial in the space provided if you desire to give this permission.**

\_\_\_\_\_ I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, anti-diarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

\_\_\_\_\_ I (we) also release the participant's name as part of an information database for the church related entities, and that photos/videos produced by the church become property of the church and can be used for church related purposes and publicity including the Church's website.

**This form will remain in effect for one year from the date of signature. It is the responsibility of the parent/guardian to update the form if changes occur during that time period.**

Parent/Guardian's signature \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Participant's signature (if over 18) \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Name & Address of Insurance Company \_\_\_\_\_

Member # \_\_\_\_\_ Group # \_\_\_\_\_

Event \_\_\_\_\_ Date of Event \_\_\_\_\_

Date Approved: July 17, 2012, June 21, 2016