

Medical Release and Emergency Treatment

_____ (name of congregation or synod)

As the parent or guardian of the person listed below, I give my permission for my child to attend events sponsored by _____ (congregation or synod). In the event that my child may require medical attention, I expect that reasonable efforts will be made to contact me; however, permission is granted for the leaders of the event to seek emergency medical attention for my child.

Name of Child _____ Date of Birth _____

Home Address _____

Telephone Numbers at which I may be reached:

Home _____

Work _____

Other _____

Our Physician is: _____ Telephone _____

Insurance Company _____ Policy Number _____

Medical Information or Comments that may be helpful to leaders (i.e. medications, allergies, or medical conditions):

Participation in (congregation/synod) events is a privilege. All persons who attend are expected to honor and respect all others in attendance and obey the rules as stated. All of our events are drug, alcohol and smoke free. Possession of, or being found in the presence of any of these substances may result in removal from the event.

Name of Parent (please print clearly) _____

Signature of Parent _____ Date _____

MEDICAL RELEASE AND GENERAL PERMISSION FORM

Name of Participant (please print) _____

Address _____

Phone Number _____

Date of Birth _____ Age _____

Participant's Physician's Name _____

Hospital/Clinic and Address _____

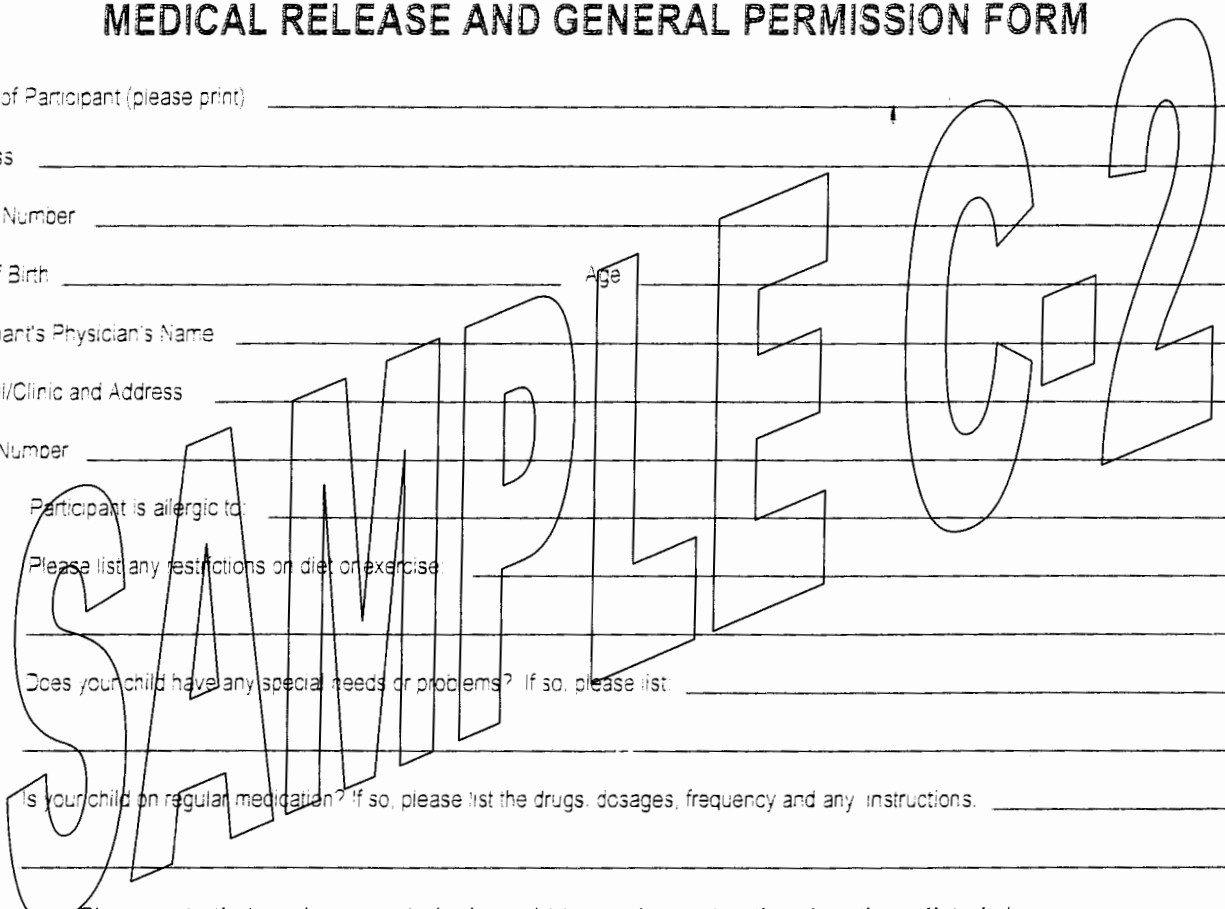
Phone Number _____

1. Participant is allergic to: _____

2. Please list any restrictions on diet or exercise: _____

3. Does your child have any special needs or problems? If so, please list: _____

4. Is your child on regular medication? If so, please list the drugs, dosages, frequency and any instructions. _____



Please note that no drugs are to be brought to youth events other than those listed above.

RELEASE OF ALL CLAIMS

In consideration of being accepted by the Northwestern Pennsylvania Synod, ELCA 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 the Northwestern Pennsylvania Synod, ELCA, 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 synod 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 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 child.

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

(we) also release the participant's name as part of an information database for the synod and ELCA related entities, and that photos/videos produced by the synod become property of the synod and can be used for ELCA related purposes and publicity.

Parent's/Guardian's signature _____ Phone _____ Date _____

Participant's signature (if over 18) _____ Phone _____ Date _____

Emergency contact _____ Phone _____ Date _____

Name and address of insurance company _____

Member # _____ Group # _____