

St. Peter Lutheran Church, Greene, Iowa
2019-2020 SUNDAY SCHOOL & YOUTH MEDICAL RELEASE AND PERMISSION FORM

Name of Participant (please print) _____

Home & Mailing Address _____

Home Phone Number _____ Date of Birth _____ Age ____ Grade ____

Parent's or Guardian's Name(s) _____

Parent's Email _____ Parent's Cell Phone # _____

Participant's Email _____ Participant's Cell Phone # _____

Participant's Physician's Name _____ Phone _____

Person(s) authorized to pick up participant (must be older than 5th grade): _____

Other person to contact in case of emergency _____ Phone _____

1. Participant is allergic to: _____
2. Please list any dietary or physical restrictions, or other special needs your child has which leaders should be aware of:
3. Is your child on regular medications? If so, please list the drugs, dosages, frequency, and any instructions:

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

RELEASE OF ALL CLAIMS

In consideration of being accepted for participation in youth & children's ministry events,

I (we) do for myself (ourselves) and on behalf of my (our) child (participant) do hereby release, forever discharge, and agree to forever hold harmless St. Peter Lutheran Church of Greene, Iowa, 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 participant resulting from said participant's participation in the church sponsored youth & children's programming, 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 (we) 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 regularly taken by 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 & children's programming, and give my (our) permission to make emergency medical care decisions on his/her behalf including treatment by a doctor or hospital, and I (we) assume responsibility of all medical bills incurred by participant. I (we) understand that St. Peter Lutheran Church will not be responsible for any medical expenses incurred solely on the basis of this authorization.

I (we) give permission for participant 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 release the participant's name and likeness as part of an information database for the church, and consent to the use of participant's likeness in photos which become property of the church and can be used for church related purposes and publicity including online.

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

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

Name and address of insurance company: _____

Member # _____ Group# _____

This form is effective through August 31, 2020. Please notify the church office in writing of any changes.