

ST PAUL'S LUTHERAN CHURCH
PARENTAL CONSENT & MEDICAL RELEASE FORM
(one per individual)

Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City/State/Zip: _____

Home Phone #: _____

Dad's Work #: _____ Cell Phone #: _____

Mom's Work #: _____ Cell Phone #: _____

In Case of Emergency Notify: _____ Phone #: _____
(individual other than those listed above)

Family Doctor _____ Phone #: _____

Medical Insurance Co. _____ Policy # _____ Phone # _____

Family Dentist _____ Phone #: _____

Dental Insurance Co. _____ Policy # _____ Phone # _____

Immunizations (Lists dates if known): Tetanus _____ Polio Booster _____ Measles _____
Mumps _____ Other _____

MEDICAL HISTORY

(If you check any of the following, please provide any pertinent information)

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____

Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____ Other _____

Allergies (List Type)

Food _____

Penicillin or other drug (Name) _____

Insect Stings/Bites _____

Poison Sumac, Oak, or Ivy _____

Previous Operation or Serious Illnesses (List Types & Dates) _____

Any Current Medications (List) _____

Any Swimming or Activity Restrictions? (If "yes", please explain) _____

Special Diet (Name, with specifics) _____

Childhood Diseases: Chickenpox _____ Measles _____ Mumps _____ Whooping Cough _____ Other _____

(turn over)

LIABILITY RELEASE

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St Paul's Lutheran Church.

I release St Paul's Lutheran Church and the trip chaperones from liability for injury or accident, and do give my permission to secure proper medical attention for above named youth should the need arise. I understand that I will be financially responsible for any expenses incurred due to medical care, dental care, travel expenses, etc. as a result of a sports injury, accident, disease, or illness, and hereby release St Paul's Lutheran Church from any financial responsibility that may be incurred.

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards inherent in church sponsored activities. I also agree not to hold St Paul's Lutheran Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parent/guardian understands that they are signing for the minor listed on this form and that the signature is for both a medical and liability release.

PERMISSION FOR TREATMENT AND DISCHARGE

The undersigned does hereby give permission to obtain necessary medical attention in case of illness, disease, accident, or injury to any staff member (employee) or sponsor (chaperone) of St Paul's Lutheran Church for my child, _____ (Participant's Name), while on activities sponsored by St Paul's Lutheran Church. I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision of any licensed health care practitioner or medical treatment facility. I, the undersigned, do hereby release, and forever discharge all staff member (employees) and sponsors (chaperones) and St Paul's Lutheran Church from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or inquiry while participating in any activity sponsored by St Paul's Lutheran Church. I further accept financial and physical responsibility for the return of my child(ren), should the adult supervision find it necessary to send him/her/them home (as applicable).

St Paul's Lutheran Church will not be held responsible for anything that may happen as a result of false information given at the time of completion and notarization of this form.

If the information on this form changes please notify the Church Office at (256) 353-8759 (email: carolm@stpaulsdec.com).

This form will serve as a release and waiver for all events sponsored by St Paul's Lutheran Church from August 1, – July 31,

Please sign below and make a front and back copy of the participant's insurance card and turn in with this original form. Youth under 18 years of age require parent/legal guardian signature. Make a copy of this form for your files.

Participant's Signature: _____

Date: _____

Parent/Guardian's Signature: _____

Date: _____

(If participant is under 18 years of age)

Phone: _____