

# Medical Release & Permission Form

## **PLEASE ATTACH A COPY, FRONT & BACK, OF YOUR INSURANCE CARD.**

Effective dates: August 2011 through August 2012

Page 1 of 2

**Please print in ink**Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLEYear in school \_\_\_\_\_  Male  Female Parent Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager / cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Office phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office phone \_\_\_\_\_

### Medical History

**Check the following areas of concern for this student.** If necessary, add another page with details:

- Does your child have allergies to—  
 pollens       medications       food (please list below)       insect bites
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma       epilepsy / seizure disorder       heart trouble       diabetes  
 frequently upset stomach       physical handicap
- Date of last tetanus shot: \_\_\_\_\_
- Does your child wear       glasses       contact lenses
- Does your child have any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition that Neil, Amy, and/or their small group leaders should know about?  
 Being aware of these things allows us to HELP your child with any challenges, situations, or struggles that might arise. Please fill us in so we can help your child!

Should this child's activities be restricted for any reason? Please explain:

Is there anything specific we can do to assist your child during class, at social events, or on retreats?

Page 2 of 2

**For your information, we expect each student to conform to these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive other students on an activity
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

***Students who fail to comply with these expectations may be sent home at their parents' expense.***

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides and bowling.

\_\_\_\_\_ has my permission to attend any youth activities

NAME OF STUDENT

sponsored by La Casa de Cristo Lutheran Church (hereinafter the "Church") from **August 2011** through **August 2012**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Medical Release & Permission Form

