



**ST. PAUL'S LUTHERAN CHURCH STUDENT MINISTRY
MEDICAL & PHOTO RELEASE FORM
STUDENT INFORMATION**



NAME _____ AGE _____ SEX _____ BIRTHDAY _____

ADDRESS/CITY/ZIP _____ GRADE _____ SCHOOL _____

EMERGENCY CONTACT INFORMATION

PARENT(S) NAME _____ OTHER EMERGENCY CONTACT _____

HOME PHONE # _____ RELATIONSHIP _____

PARENT CELL # _____ PHONE # _____

PARENT WORK # _____

FAMILY DOCTOR _____ PHONE _____

NAME OF INSURANCE COMPANY _____ POLICY # _____ GROUP# _____

It is the responsibility of the individual's family to obtain health/medical insurance.

HEALTH HISTORY

- | | | |
|---|--|--|
| <input type="checkbox"/> DRUG ALLERGIES | <input type="checkbox"/> INSECT STINGS | <input type="checkbox"/> EPILEPSY/NERVOUS DISORDER |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> HEART CONDITION | <input type="checkbox"/> PHYSICAL HANDICAP |
| <input type="checkbox"/> HAY FEVER | <input type="checkbox"/> CHRONIC ASTHMA | <input type="checkbox"/> OTHER: _____ |

IF ANY ARE CHECKED ABOVE, PLEASE EXPLAIN: _____

DATE OF LAST TETANUS SHOT _____ NAME/DOSAGE OF ANY MEDICATIONS THAT MUST BE TAKEN _____

ANY ACTIVITY RESTRICTIONS? YES NO IF YES, PLEASE EXPLAIN: _____

MEDICAL RELEASE

The parents/guardian's acknowledges that they have their own medical insurance and releases St. Paul's Lutheran Church from any and all liability for the expenses of any medical care rendered or the actions or inactions of St. Paul's Lutheran Church related to seeking, or failing to seek, medical care. In the event I cannot be reached in an emergency during the activity dates shown above on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for me or my child as deemed necessary. I also authorize the nurse on duty or trip leader at the activity to administer medical aid as required for illness or injury under a physician's orders.

LIABILITY RELEASE

No activity is without the possibility of unforeseen hazards. Certain activities inherently have risks associated with them. It is impossible to list all such risks. Personal injury and property damage may result from participating in some of our activities. Injury and property damage may also result from activities which we do not allow thereby violating our standing common sense rules. The intent of this Liability Release is to prevent St. Paul's Lutheran Church from being held liable for injuries to person or property when attendees of our activity/trips are injured as a result of an activity which we do or do not allow. By signing this form, the parent, guardian or individual agrees to assume and accept all risks and hazards. The signer also agrees not to hold St. Paul's Lutheran Church, its pastors, staff, or volunteers liable for damages, losses or injuries to the person(s) or property including results for active negligence or other wrongful conduct on the part of St. Paul's Lutheran Church, its pastors, staff, or volunteers. The signer understands that they are signing for the minor listed on this form and that they further understand that signing this Liability Release constitutes a full and complete release from liability insofar as St.

Paul's Lutheran Church is concerned and an agreement to hold said church harmless and relieved of any responsibility for injury or damage to you or your child.

I also acknowledge that if my child has to return home early for discipline violations it will be at the parent/guardian's expense.

By signing this document below, I also acknowledge that my son or daughter's photo may be taken during the event and may be used for publicity purposes.

Parent/Guardian Signature _____ Date _____ (Those 18 years or older may sign for themselves.)