

Medical Release and Consent Form

Effective Dates: 09/01/2016 to 08/31/2017

Please print in ink!!

Name: _____ Age _____ Birthday _____
Last First MI

Year in school _____ Sex: M F E-mail _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Medical Ins. Co. _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and / or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

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

- Does your student have allergies to—
pollens medications food insect bites
- Does your child suffer from, or had even experiences, or is being treated currently for any of the following:
asthma epilepsy/seizure disorder heart trouble diabetes
frequently upset stomach physical handicap other
- Date of last tetanus shot: _____
- Does your student wear: glasses contacts
- Please list and explain any major medical illnesses or surgery the student experienced during the past year:

Additional comments? (attach additional sheet(s) if needed)

Should this student's activities be restricted for any reason? Please, attach a sheet with explanation.

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 (during the event)
- 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.

I, the student, have read the rules of conduct and 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, the following: group ice breakers, Bible study/devotions, watching a movie, playing games or eating food. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the event coordinators prior to the event!!*

_____ has my permission to attend this youth

Name of Student

activity sponsored by Good Shepherd Lutheran Church, Glencoe, MN (hereinafter the "Church") from September 1st, 2016 to August 31, 2017.

Date

Date

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 event coordinators or other responsible adults assisting.

Parent / guardian signature: _____ Date: _____

Parent / guardian signature: _____ Date: _____

Witness signature: _____ Date: _____

Photo Release and Consent

My child plans to participate in Good Shepherd Lutheran Church's (GSLC) Kingdom Quest, Kids' Praise, Reveal, LIVE, F³ or Youth Group ("Program"). I understand that photos of the Program participants may be published, including those of my child. I hereby give my consent for my child to be photographed in connection with his/her participation in the Program.

I further agree that all such photos shall be the exclusive property of GSLC and, subject to the limitations expressed below, I release and give to GSLC all rights of ownership and all rights to copy, publish, and use such photos. I acknowledge and agree that GSLC may use any and all of those photos for educational and promotional purposes, included but not limited to publication in brochures and other promotional materials (such as newsletters, bulletins, archival measures and promotional materials regarding youth and education ministries at GSLC), and on GSLC's website(s). I understand that GSLC will not identify my child by name or allow any third party to use the photos for commercial purposes.

If you, the parent or guardian, agree with the above statement, please sign and date below.* †

Signature: _____

Date: _____

Witness: _____

Date: _____

*If for any reason you don't agree with the entire statement, please mark through those parts you don't agree with and sign, date and return. We will make every attempt to respect your instructions.

† If for any reason you don't agree with any of the above statement, please put an "X" through the entire statement and sign, date and return.

During the coming year, if any information should change or need to be updated, please contact the Church Office at 320-864-6157.