

Good Shepherd Lutheran Church Youth Medical Release & Consent Form

Name: _____ Date of Birth: _____

Gender: Male Female Age: _____ Email: _____

Address: _____ City: _____ State: _____

Home Phone #: _____ Cell Phone #: _____

Name of Parent(s)/Guardian(s): _____

Emergency Contact: _____ Phone #: _____

Is it ok if the Pastor or DCE contacts your child directly via social media? Yes No

Wears Glasses/Contacts?: Yes No

Medications?: Yes No If yes, please list: _____

Allergies?: Yes No If yes, what?: _____

Other medical conditions?: _____

Name of Physician: _____ Dentist: _____

Medical Insurance Company: _____ Policy #: _____

OPT OUT: DO NOT RELEASE PHOTOS OR VIDEOS OF MY CHILD: In addition, Good Shepherd may use names, photographs, and/or video images of students for publicity purposes. This may include stories published or broadcast by news media, or our website and social media pages. Separate photo release forms are not required.

You must check the box below to prevent photos/videos from being shared.

Do not release photographs or video images of my child.

Parent/Guardian Signature: _____ Date: _____

I acknowledge that participation in any youth activity involves risk to the Participant (and to Participant's parents or guardians, if Participant is a minor), and may result in various types of injury including, but not limited to: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration of the opportunity to participate in Good Shepherd Lutheran Church's sponsored youth activities, the Participant (or parent/guardian, if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to/from the Activity. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity sponsor (Good Shepherd), its officers, pastors and volunteer youth leaders for any injury arising directly or indirectly out of the Activity or transportation to and from, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

As Participant (or Parent/Guardian, if a minor), I am responsible for the health care decision of Participant and am authorized to consent to medical/dental treatment, if necessary.

Is Good Shepherd Lutheran Church authorized to approve medical/dental care for Participant or on Participant's (if a minor, on Parent/Guardian's) behalf, if necessary? Yes No

The Participant (or parent/guardian, if a minor) accepts personal financial responsibility for any injury or other loss sustained during the Activity or during transportation to/from the activity, as well as for any medical treatment rendered to the Participant that is authorized by Good Shepherd Lutheran Church or its agents, employees, volunteers or other representatives of Good Shepherd Lutheran Church.

Participant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____