

ST. MATTHEW'S
LUTHERAN CHURCH

Medical Release Form

Name _____ Age _____ Birth Date _____ Grade In _____

Address _____

City _____ State _____ Zip _____

Mothers Email _____

Mothers Work Phone _____ Cell Number _____

Fathers Email _____

Fathers Work Phone _____ Cell Number _____

Youths Email _____ Cell Number _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____ to attend and participate in activities sponsored by St. Matthew's Lutheran Church during 2015.

We (I) authorize and adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The Undersigned shall be liable and agree (s) 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 our (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 our (my) child to ride in any vehicle designated by an adult in whose care the minor has been entrusted while attending and participating in activities sponsored by St. Matthew's Lutheran Church.

Parent/Guardian Signature _____

Liability Release

In consideration for participation in the children or youth ministry of St. Matthew's Lutheran Church we (I), being 21 years of age or older, so for ourselves (myself) (and for on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless St. Matthew's Lutheran Church and the directors or authorized adult, in whose care the minor has been entrusted, thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in the above-described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 21 years) Hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Furthermore, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors employees and agents, for any liability sustained by said church as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(if the participant has not attained the age of 21 years):

WE (I) are the parent (S) or legal guardian (s) of this participant, and hereby grant our (my) Permission for him or her to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Name of Participant _____ Pastors Name _____

Physician's Name _____ Office or Clinic Number _____

Non Parental Emergency Contact _____ Relationship _____

Emergency Contact's Number _____

Fathers Name _____ Fathers Signature _____ Date _____

Mothers Name _____ Mothers Signature _____ Date _____

Hospital Insurance Yes ___ No ___

Insurance Company _____ Contact Number _____

Policy Number _____ Group Name _____

Pre-existing medical conditions _____

Allergies to food, medication, or environment _____

Please photocopy the front and back of participant/cardholder's insurance card and attach to this form, and indicate anything else that leaders should know to help avoid or assist in any medical situation that might arise.

Photography Release

I (parent or guardian of minor) _____ hereby give permission for St. Matthew's Lutheran Church, and its designees to utilize photographs taken of the minors listed in this form for the purposes of publicity on web sites, newsletters, brochures, or other media. I understand that such photographs are the sole property of St. Matthew's and its designees to use as needed for stated purposes. Further, I relinquish any right to said photographs and/or compensation for their use.

Parents/guardians initial here _____