

ZION LUTHERAN CHURCH  
STUDENT MINISTRIES  
LIABILITY RELEASE AND  
MEDICAL RELEASE FORM

VALID FOR 2017-2018

Required for all 7th through 12th students  
attending a Zion Lutheran Church event

Name: \_\_\_\_\_  
Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_

In Emergency Notify \_\_\_\_\_ Day Phone \_\_\_\_\_ Eve. Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

**Health History:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Insect Sting Allergies | <input type="checkbox"/> Chronic Asthma    | <input type="checkbox"/> Epilepsy/Nervous Disorders |
| <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Food Allergies         | <input type="checkbox"/> Frequent Colds    | <input type="checkbox"/> Frequent Stomach Upsets    |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Heart Condition        | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Other: _____               |

Please Specify: \_\_\_\_\_

Normal treatment: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Name and dosage of any medications that must be taken \_\_\_\_\_

Any activity restrictions? ☐ Yes ☐ No What restrictions \_\_\_\_\_

**If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the information necessary to give you or your child proper medical service during this activity/trip. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity/trip. Please let us know of any updates to your insurance policy by filling out a new form and sending it into the church office.**

**Do you have Health Insurance? ☐ Yes ☐ No**

**Name of Insurance Company Policy #** \_\_\_\_\_

**Group #** \_\_\_\_\_ **Authorization Phone Number (if necessary)** \_\_\_\_\_

**MEDICAL RELEASE:**

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. This form is for any and all events, projects, ministries, small groups, or trips involving Zion Lutheran Church.

**TURN OVER**

**TURN OVER**

**TURN OVER**

**TURN OVER**

**TURN OVER**

## LIABILITY RELEASE:

No recreational activities are without the possibility of unforeseen hazards. Certain activities have inherent possibility for risk. Therefore, we want to alert parents, guardians and individuals to them. It is impossible to list all such risk. Personal injury and property damage may result from participating in some of our activities which may include strenuous competition games, broom hockey, skiing, snow tubing, ice skating, snow boarding, other winter related sports and activities, boating, biking, rappelling, night games, volleyball, roller-skating/blading, skate boarding, swimming, other water and summer related sports which we allow. 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 Zion 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 that 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 Zion Lutheran Church, its pastors, employees, lay staff or volunteer staff 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 Zion Lutheran Church, its pastors, employees, lay staff or volunteer staff. 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 Zion 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. The signature is for both Medical and Liability release. ***It is also acknowledged that if my child has to return home early for discipline violations it will be at the parent/guardian's expense.*** By signing below, I (we) declare that I (we) are the parent (s) and /or legal guardian of the aforementioned minor.

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Father /Legal Guardian Signature

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Printed Name

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Date

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Mother/Legal Guardian Signature

---

Printed Name

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Date

(Both parents must sign for students under 18 years old unless parents are divorced or separated, in which case, the custodial parent(s) or legal guardian(s) must sign.)

## PHOTO CONSENT

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during the events/activities, to be used, distributed, or shown as Zion Lutheran Church sees fit.

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Parent/Guardian Signature (you may sign your own release if over 18)

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Date

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Print Name

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Relationship to the student