

**Lutheran Church of the Nativity**  
**MEDICAL RELEASE AND GENERAL PERMISSION FORM**

Name of Participant (please print) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ Cell \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

1. Participant is allergic to: \_\_\_\_\_

2. Please list any restrictions on diet or exercise: \_\_\_\_\_

3. Does the participant have any special needs? If so, please list:

4. Is the participant on regular medication? If so, please list the drugs, dosages, and any instructions: \_\_\_\_\_

Please note that no drugs are to be brought to youth events other than those listed above.

**RELEASE OF ALL CLAIMS**

In consideration of being accepted by the Lutheran Church of the Nativity for participation in youth ministry events,

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Lutheran Church of the Nativity, the employees, and agents thereof, from any and all liability, claims, and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the church sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for this participant to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also understand that this participant may be photographed and/or videoed during youth ministry events. I understand that if I do not wish for this participant's name and/or likeness to be reproduced in any medium, I must submit that request to the pastor(s), in writing, on a separate document.

This medical release and general permission form is valid for one year from the date below.

Parent's/Guardian's signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's signature (if over 18): \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Name and address of insurance company: \_\_\_\_\_

Member #: \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_