



MEDICAL AND LIABILITY RELEASE FORM (SSM 2017)

STUDENT NAME: _____

DATE OF BIRTH: ____ / ____ / ____ **AGE:** ____ **GRADE:** ____

CELL #:(____) _____ **OK TO TEXT MESSAGE (may incur charges)**

ADDRESS: _____

CITY: _____ **ZIP:** _____

PARENT/GUARDIAN NAME: _____

RELATIONSHIP TO STUDENT: _____

HOME #: (____) _____ **EMAIL:** _____

CELL #: (____) _____ **OK TO TEXT MESSAGE (may incur charges)**

DOCTOR'S NAME: _____ **DOCTOR'S PHONE:** (____) _____

HEALTH HISTORY

Allergies: Insect Stings Drugs _____ Other: _____

Other conditions:

| | | |
|-----------------------------|-------------------------|------------------------|
| ____ Heart Condition | ____ Frequent Colds | ____ Asthma |
| ____ Hay Fever | ____ Epilepsy | ____ Physical Handicap |
| ____ Diabetes | ____ Frequent Headaches | ____ Other |
| ____ Frequent Upset Stomach | ____ Motion Sickness | |

If you checked any of the above, please give details (include normal treatment of allergic reactions):

Date of last tetanus shot: _____

Name and dosage of any medication (prescription or over the counter) that is to be taken:
(All medication must be carried in the original container.)

Any activity restrictions? Yes No

If "Yes," explain: _____

MEDICAL RELEASE

**** St. John’s Lutheran Church’s insurance is secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a Church related activity.****

Do you have health insurance? Yes No

If “Yes,” what is the name: _____

Policy Number: _____ Company Address: _____

“In the event that I cannot be reached in an emergency during the dates of January 1, 2017 – December 31, 2017, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgical procedure for my son or daughter as deemed necessary.”

The signature below will allow authorization for the medical release.

(Parent or Guardian)

(Date)

(Printed Parent or Guardian)

LIABILITY RELEASE

Every activity sponsored by St. John’s Lutheran Church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for the liability release.

(Parent or Guardian)

(Date)

PHOTO/VIDEO WAIVER

I hereby grant St. John’s Lutheran Church and St. John’s Student Ministry permission to use my son/daughter’s likeness in photograph(s)/video in any and all of its publications and in any and all other media.

(Parent or Guardian)

(Date)