



## MEDICAL AND LIABILITY RELEASE FORM (SSM 2018)

**STUDENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **AGE:** \_\_\_\_ **GRADE:** \_\_\_\_ **SCHOOL:** \_\_\_\_\_

**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: \_\_\_\_\_

**Dietary Needs:** \_\_\_\_\_

#### 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, 2018 – December 31, 2018, 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)