

STUDENT MEDICAL, LIABILITY & PHOTOGRAPHY RELEASE FORM

NAME _____ AGE _____ BIRTHDATE _____ GENDER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

INSURANCE COMPANY _____ POLICY # _____

PARENT NAME _____ CELL PHONE _____ EMAIL _____

PARENT NAME _____ CELL PHONE _____ EMAIL _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ PHONE # _____

RELEVANT MEDICAL INFORMATION (Should be recorded on the back of this sheet.)

I, the parent/guardian authorize photographs or videos of _____ taken while participating in Trinity Lutheran Church activities to be used for the following reasons: (Check all that you approve)

- Printed Materials
- Website
- Social Media
- Other Promotion Pieces

_____ has my permission to attend all activities sponsored by Trinity Lutheran Church. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Trinity Lutheran Church and its staff of any liability against losses of named child. I/We understand that there are inherent risks involved in any ministry or athletic event, I/we release Trinity Lutheran Church, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Trinity Lutheran Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by a Trinity Lutheran Church employee.

Parent/Guardian Printed First and Last Name _____

Signature _____ Date _____

Parent/Guardian Printed First and Last Name _____

Signature _____ Date _____

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RELEVANT MEDICAL INFORMATION

(Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, protection is required on account thereof. Submit this notification in writing and attach it to this form.)

- 1. What was the date of your last tetanus shot?**
- 2. Is your student a good swimmer, fair swimmer or non-swimmer?**
- 3. Does your child wear glasses or contact lenses?**
- 4. What, if any, allergies does your child have? (Include environmental, medications, foods, & other)**
- 5. Is your child currently on any medications? If so please list the name, dosage and frequency.**
- 6. Does your child have any major medical history or current medical needs?**