

Christ the King Lutheran Church 2017-2018

MEDICAL AUTHORIZATION FORM

1) Authorization for Medical Treatment

I, the undersigned, do hereby authorize a representative of Christ the King Lutheran Church (or hospital medical personnel if in transit) to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event

that _____
(name of participant)

should be admitted to any hospital, or need any medical treatment. This authorization shall be in effect from September 17, 2017-September 30, 2018, as the aforementioned young person is participating in events with Christ the King Lutheran Church.

Signed: _____ Date: _____

(Parent or Legal Guardian, if participant is under 18)

2) Parent/Guardian/Emergency Contact Information

Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Cell: _____

In the case of an emergency in which the parent/guardian listed above is not available, please contact

Name: _____ Relationship to student: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Cell: _____

3) Participant Information

Allergies (if any): _____

List medications the young person takes regularly: _____

List any other medical concerns, including dietary needs:

Any other concerns:

(Please complete both sides)

AGREEMENT AND RELEASE OF LIABILITY

(to be signed by parent or guardian of minor participant)

As legal parent/guardian of the minor named above, I hereby assent to the foregoing agreement on my own behalf and on behalf of the minor and her/his heirs and assigns. I further accept unto myself all responsibility and all liability for any injury, death or other claim, loss or damage that occurs to me and/or to the minor in connection with the minor's participation in youth events of Christ the King Lutheran Church.

I will indemnify and hold harmless the congregation, the ELCA, its agents, affiliates and successors from all claims, judgments, and costs, including attorney's fees, incurred in connection with any action that may be brought as a result of the minor's participation in the 2017-2018 Christ the King Lutheran Church Children's, Youth and Family Ministries.

I have carefully read this agreement and release and I fully understand its contents.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

MEDIA RELEASE

By submitting this form I allow the release of my child's name and image as part of an information database for congregational use, and that photos/videos produced during 2017-2018 Christ the King Lutheran Church Children's, Youth and Family Ministry events become the property of the congregation and can be used for congregation-related purposes and publicity.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

*Christ the King Lutheran Church
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406-587-4131*