

Medical Release & Permission Form

Please print in ink

Effective dates: August 2016 to August 2017

Name: _____ Age _____ Birthday _____

LAST FIRST MIDDLE

Year in school _____ Male Female Phone () _____ Cell () _____

Address _____ City _____ State _____ Zip _____

Medical Emergency Contact Information

Name _____ Relation to Participant _____ Location During Sunday School _____

Phone () _____ Cell () _____ Email _____

Medical History

Check the following areas of concern for this child. If necessary, add another page with details.

1. Does your child have allergies to...

food: _____ insect bites: _____ other: _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap other: _____

3. Any other medical information that would helpful for us to know: _____

Medical Insurance Company: _____ Hospital of Choice: _____

Parental Permission

Activities may include, but are not limited to: art projects, Bible studies, dramas, games, prayer, singing, and videos:
If you desire to limit your child's participation in any event, please submit your wishes in writing prior to the event.

My child, _____, has my permission to attend all children's ministry activities sponsored by Epiphany Lutheran Church from August 2014 to August 2015.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named child.

Please initial and sign below:

_____ I the undersigned have legal custody of the child named above, a minor, and have given our consent for him/her to attend events being organized by the church. I understand that there are inherent risks involved in any ministry, and I hereby release the 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 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 the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also 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 and will, to the best of my/our knowledge, still be in force for the child named above. I also agree to bring my child home at my/our own expense should they become ill or if deemed necessary by the pastor, or any children's ministry staff or volunteer.

_____ I hereby grant permission for the church to photograph my child participating in their ministries. I understand that such photos may be used for publicity purposes which may include, but are not limited to: brochures, posters, and websites promoting the ministries of this church.

Parent/guardian signature: _____ Date: _____