

# RLC Youth Ministry

LAST NAME:

Redeemer Lutheran Church & Preschool • 1401 6<sup>th</sup> St SW • Willmar, MN 56201

## MEDICAL RELEASE & PERMISSION FORM

Please fill out electronically, tabbing between fields. Do NOT use the RETURN key. Save and e-mail a copy to [cdrenkow@redeemerwillmar.org](mailto:cdrenkow@redeemerwillmar.org) Then print, sign and mail a copy to the church office.

This form is effective for all youth events from September 2019-August 2020. Please notify office of changes. **Today's date:**

PARTICIPANT'S INFORMATION								
Last name:		First:		Mid:	Grade in school?			
Street Address:					School?			
City:		ST:	Zip:		Age:	Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F
Email:			Birth date: / /		T-Shirt Size:			
Cell Phone: ( ) -		Home phone: ( ) -		Work:		Work phone ( ) -		

EMERGENCY INFORMATION				
Primary Guardian's Name:		Home: ( ) -	Cell: ( ) -	Email:
Secondary Guardian's Name:		Home: ( ) -	Cell: ( ) -	Email:
Emergency Contact's Name:		Home: ( ) -	Cell: ( ) -	Email:

INSURANCE & MEDICAL INFORMATION			
(Please attach a copy of your insurance card.)			
Medical Insurance Co:		Policy #:	Primary Name on Policy:
Physician:	Phone: ( ) -	Dentist:	Phone: ( ) -
Date of Last Tetanus Shot:	For your child's safety & our knowledge, is the student a <input type="checkbox"/> good <input type="checkbox"/> fair swimmer or <input type="checkbox"/> non-swimmer.		
Does your child have allergies to: <input type="checkbox"/> pollens <input type="checkbox"/> medications <input type="checkbox"/> food <input type="checkbox"/> insect bites			Please describe:
Does your child suffer from, or has ever experienced, or is being treated currently for any of the following: <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy / seizure disorder <input type="checkbox"/> heart trouble <input type="checkbox"/> frequently upset stomach <input type="checkbox"/> physical handicap			
Does your child wear <input type="checkbox"/> glasses <input type="checkbox"/> contact lenses		Current Medications & Dosages:	
Any activities parents/guardians wish child not to participate in:			
Please list any major illnesses in the last year:		Dietary Restrictions:	
Additional Notes/Comments:			

AGREEMENT	
Please initial to agree to the following, I hereby agree to:	
A _____ I/we agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the student ministries staff member or volunteer youth workers.	
B _____ RLC Youth Ministry has permission to use photos of my child on church website or other media sources. In addition, all students will be included in our Youth Directory for our teachers and elders. To opt out, please initial here: Photos _____ Youth Directory _____.	
C _____ If discipline should be an issue at a youth event our Youth Ministry course of action will be: 1) speak individually to student 2) call parents 3) send student home. Parents/Guardians are responsible for all transportation costs if deemed necessary.	
I, the student, have read the rules of conduct, the above evaluation of my health and permission to participate in youth activities. I agree to abide by the stated personal limitations and code of conduct. I have also read and agree to all terms listed on page two of this document.	
Participant's Signature: _____ (required)	Date / /
I, the parent/guardian, have read and agree to all terms listed on page two of this document and all of the above information is true to my knowledge. <b>Required only for participants under age of 18.</b>	
Parent/Guardian Signature: _____	Date / /

Office Use Only		Updated 08/23/17				
Signature on file?		Y	N	Ins Card?	Y	N

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**Authorization for Treatment**

This health history is correct as far as I know, and the person herein described has permission to engage in all youth activities except as noted.

I hereby give permission to the medical personnel selected by the youth director or adult leaders to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by Redeemer Lutheran Church & Preschool to secure and administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named on page one of this document. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such a diagnosis or medical, dental or surgical treatment.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization, Redeemer Lutheran Church & Preschool does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for transportation purposes.

**Acknowledgement of Inherent Risk**

I acknowledge and understand that there are inherent risks associated with many youth activities/trips. I will assume the risk associated therewith, whether known or unknown to me at this time. I recognize that my attendance at Redeemer Lutheran Church & Preschool activities and trips is a privilege and as consideration for this privilege, I release Lamb of God Lutheran Church, including its employees, pastors, agents, and volunteer youth workers, from responsibility from my accidental physical injury, including death or illness while at youth activities/trips. This release is also intended to include all claims made by my family, estate, heirs, personal representative or assigns.

If the student is under 18, my parent or guardian, by signing page one of this document, also agrees to all of the above and consents to my release and he or she agrees that this release shall be binding upon him or her as my parent or guardian as to me and my estate, heirs, personal representatives and assigns. My parent or guardian also promises, by signing page one of this document to defend, indemnify and hold Redeemer Lutheran Church & Preschool harmless from any claim asserted by me against Redeemer Lutheran Church & Preschool, including its employees, pastors, agents, and volunteer youth workers, if I should repudiate this release after obtaining adulthood.

I hereby grant Redeemer Lutheran Church & Preschool the right to use reproduce, and/or distribute photographs, films, videotapes, and sound recordings of myself/my child, without compensation or approval rights, for use in material created for the purposes of promoting the activities and knowledge of Redeemer Lutheran Church & Preschool/ Youth Ministry.

I/we also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the student ministries staff member or volunteer youth workers.

**Rules of Conduct**

For your information, we expect each participant to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No student can drive themselves without a note from their parents
- Students may not drive other students, even with permission to drive themselves
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boy's sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**Participants who fail to comply with these expectations may be sent home at their own/parent's expense.**

**Please sign to agree to all of the above terms on page one of this document.**