



# Letter of Permission, Medical Release, and Media Release

We/I, \_\_\_\_\_ the parent(s)/guardian(s) of \_\_\_\_\_ a minor and participant of Community One 80 youth group, have entrusted such student into the care of Mr. Matthew J. Hire and designated chaperones for the **purpose of taking part in any and all sanctioned youth group activities and functions, including out-of-town trips, throughout the school year of 2018-2019.**

**We/I do hereby agree, understand, appreciate, and acknowledge:** that the participation in youth group activities is purely voluntary; that such activities may involve physical exertion and contact and that there is inherent risk of personal injury associated with participation in such activities, which risk we/I assume; and that we/I agree to, and hereby, waive any and all claims, suits, losses, actions, or causes of action against Community Lutheran Church, the Michigan District of the Lutheran Church—Missouri Synod, its members, officers, representatives, committee-members, employees, agents, attorneys, insurers, volunteers, and affiliates based on any injury to me, my child, or any person, whether because of inherent risk, accident, negligence, or otherwise, during or arising in any way from my child’s participation in youth group or church activities. We/I give permission for my child to ride in a designated vehicle by church employees/church representatives/adult volunteers in whose care the minor has been entrusted while attending any church or youth group events.

We/I, recognize that as a result of youth group activities, medical treatment on an emergency basis may be necessary, and further recognize that Community Lutheran Church or its representatives may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care.

**Media Release:** I authorize Community Lutheran Church to use photographs, audio recordings, video recordings, or press releases, in which the above named student appears, for publication purposes. The purpose of this release form refers to publications used for church-related purposes and may be used at future dates. \_\_\_\_\_ Initials

Name of Parent or Legal Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Other Contact Number: \_\_\_\_\_

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person if unable to reach parents: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



### **Health and Medical History**

This information will remain confidential except to a licensed examining physician.

Full name of youth \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

### **Health History**

Allergies: \_\_\_\_\_

Medicine(s) currently being taken: \_\_\_\_\_

Operations or serious injuries (with dates): \_\_\_\_\_

Chronic or recurring illness: \_\_\_\_\_

Other illness: \_\_\_\_\_

Specific activities, which are restricted: \_\_\_\_\_

Suggestions regarding medical treatment: \_\_\_\_\_

### **Insurance Information**

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Enrollee/Insured Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Enrollee ID: \_\_\_\_\_ Group Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

This health information submitted here is accurate to the best of my knowledge:

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_