

Zion Lutheran Church Youth Ministry

Permission and Medical Release Form

PARTICIPANT	Name _____ Zion Member ____ Visitor ____ Address _____ Church Home _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ E-Mail _____ Birth Date ____/____/____ Gender (circle) Male Female T-shirt size: S M L XL XXL
PARENT/GUARDIAN	Father's Name _____ Cell Phone _____ Work Phone _____ E-mail _____ Mother's Name _____ Cell Phone _____ Work Phone _____ E-mail _____ Guardian's Name _____ Cell Phone _____ Work Phone _____ E-mail _____
EMERGENCY	In Case of an Emergency, and Parent or Guardian Cannot Be Reached, Please Contact: Name _____ Phone _____ Relationship _____ Family Physician _____ Office Phone _____ Family Dentist _____ Office Phone _____ Preferred Hospital _____ I (we) hereby DO consent _____ or DO NOT consent _____ to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.
MEDICATION	Current Medication(s) _____ Medication Instructions _____ _____ All medications must be given to the Medication Coordinator. Place them in a large zip lock bag with your child's name and church name. Prescriptions must be in the original container with the child's name and the current dosage. If your child requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2). The medication must be registered with Medication Coordinator. One (1) will be kept and closely guarded by camper and one (1) given to the Medication Coordinator. Similar special cases must be discussed with Medication Coordinator. I give my permission for the leaders of Zion to give the over-the-counter medications I have circled in accordance with standard label directions: Tylenol Ibuprofen Antihistamine Decongestant Cough Medicine Medication Allergies _____
MEDICAL HISTORY	Date of Most Recent Tetanus Shot _____ Check if Student Wears: Glasses ____ Contacts ____ Check if Student Has Had: Chicken Pox ____ Measles ____ Mumps ____ Whooping Cough ____ Medical Conditions (asthma, diabetes, heart condition, epilepsy, etc.) _____ Special Diet _____ List any illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary): _____

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ALLERGIES	Insects/Bites Allergies _____ Food Allergies _____ Other Allergies _____
INSURANCE	Health Insurance: { } Yes { } No A copy of both sides of insurance card is required with this form. Insurance Carrier: _____ Policy No.: _____ Who is the insurance under? _____ Relationship to student: _____

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by Zion Lutheran Church (Dallas, TX) and its Youth Ministries. It is understood that these activities may include, but are not limited to: on-campus activities, off-campus activities, cookouts, swimming, basketball, rollerskating, rollerblading, sports and games, soccer, broomball, ice skating, volleyball, softball, baseball, camping, bowling, hiking, concerts, miniature golf, religious lesson and services which may include prayer and Bible teaching. Authorization and permission is hereby given to Zion Lutheran Church to furnish any necessary transportation, food and lodging for my (our) child-participant. Further, the undersigned does also hereby give permission for my (our) child to ride in any vehicle designated by the adult in whose care my (our) child has been entrusted while attending and participating in activities sponsored by Zion Lutheran Church. Should it be necessary for my (our) child to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation cost. This consent form is intended to release Zion Lutheran Church and its staff of any liability against personal losses of my (our) child-participant. I (we) the undersigned have legal custody of the student listed on this form, a minor, and have given my (our) consent for him/her to attend events being organized by Zion Lutheran Church. I (we) understand that there are inherent risks involved in any ministry or athletic event. **I (THE UNDERSIGNED PARENT) HEREBY RELEASE, FOREVER DISCHARGE AND AGREE TO HOLD HARMLESS ZION LUTHERAN CHURCH AND ITS PASTORS, DIRECTOR(S) OF CHRISTIAN EDUCATION, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS FROM ANY AND ALL LIABILITY FOR ANY AND ALL CLAIMS FOR INJURY, SICKNESS, DEATH AND DAMAGES OF ANY NATURE WHATSOEVER SUSTAINED BY THE UNDERSIGNED OR BY MY (OUR) CHILD WHILE PARTICIPATING IN ANY TRIP OR ACTIVITY SPONSORED BY ZION LUTHERAN CHURCH, INCLUDING RELEASE OF ANY CLAIMS FOR INJURIES OR DAMAGES CAUSED BY OR ALLEGED TO BE CAUSED BY THE NEGLIGENCE OF ZION LUTHERAN CHURCH, ITS PASTORS, DIRECTOR(S) OF CHRISTIAN EDUCATION, DIRECTORS, OFFICERS, EMPLOYEES AND AGENTS.** Furthermore, I (we) and on behalf of my (our) child-participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

I (we) hereby authorize the Senior Pastor, Director of Christian Education, and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at this church into whose care my child has been entrusted, to consent to reasonable medical care or dental care, or both, for my child under Sections 32.001 and 32.002 of the Texas Family Code. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further authorize the Senior Pastor, Director of Christian Education, and his/her officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities at Zion Lutheran Church to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the Senior Pastor, Director of Christian Education, and his/her officers, agents, servants or employees who are 18 years of age or older who supervise the activities at Zion Lutheran Church. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his/her authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon. In the event treatment is required from a physical and/or hospital personnel designated by the Senior Pastor, Director of Christian Education, and his/her officers, agents, servants, or employees who are 18 years of age or older, I agree to hold the Senior Pastor, Director of Christian Education, and his/her officers, agents, servants, or employees who are 18 years of age or older free and harmless of any claims, demands, or suits for damages arising from the giving of such consent for medical treatment. I also acknowledge that I (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 knowledge, still be in force for the student named on this form.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect at all times while my child is participating in Zion Lutheran Church programs and activities or until written notice of revocation or withdrawal is received by Zion at its office at 6121 E. Lovers Lane, Dallas, TX 75214. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone in writing to the address listed at the bottom of this form. Your son/daughter will have pictures and/or videos taken of them while participating in youth ministry activities. These pictures and videos may appear on the Zion website, Facebook, Flickr, etc. and publicity material.

*Initial here if you **DO NOT** want these pictures to appear on the internet or any publicity material: _____*

*Initial here if you **DO NOT** give your child permission to drive him/herself to and from youth events: _____*

Participant Signature

Date

Parent/Guardian Signature OR Participant 18 or over

Date

A current copy of both sides of your health insurance card must be attached.