

Medical Release, Allergy/Medication Card
Event Participation Agreement Release and Liability,

Effective through June 2017



La Casa de Cristo
LUTHERAN CHURCH

PLEASE ATTACH A COPY, FRONT & BACK, OF YOUR INSURANCE CARD.

Student's Full Name: _____ Age ____ DOB _____

Year in school _____ Male Female

Parent Email _____

Address _____ City _____ State _____ Zip _____

Student's Primary Phone #: _____ Student's Cell #: _____

Medical insurance company: _____ Policy #: _____

Guardian/Mother's Name _____

Primary Phone #: _____ Cell #: _____

Guardian/Father's Name _____

Primary Phone #: _____ Cell #: _____

Alternate Emergency Contact _____

Primary Phone #: _____ Cell #: _____

Physician _____ Phone #: _____

Dentist _____ Phone #: _____

Medical

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

1. Is your student allergic to any medications? _____ if yes list the medications below:

2. Does your student 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

3. Date of last tetanus shot: _____

4. Does your student wear glasses contact lenses

Medical Release, Allergy/Medication Card
Event Participation Agreement Release and Liability,

Effective through June 2017



La Casa de Cristo
LUTHERAN CHURCH

Please fill in the following so we can help your student! Being aware of these things allows us to HELP your student with any challenges, situations, or struggles that might arise. This information will be kept confidential.

1. Does your student have any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition that the La Casa de Cristo Staff and/or their leaders should know about?

Should this student's activities be restricted for any reason? Please explain:

Is there anything specific we can do to assist your student during class, at social events, or on retreats? _____

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 student.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we 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 student's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we 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/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We 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/we 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 student named above. I/we also agree to bring my/our student home at my/our own expense should they become ill or if deemed necessary by the La Casa de Cristo Staff.

Parent/guardian signature: _____ Date: _____

Student signature (if 18yrs or older): _____ Date: _____

Medical Release, Allergy/Medication Card Event Participation Agreement Release and Liability,

Effective through June 2017



La Casa de Cristo
LUTHERAN CHURCH

Participant's Full Name: _____

Age _____ DOB _____

Health and Physical Condition

I hereby agree, warrant and represent that I am the parent or legal guardian of the Participant; the Participant is in good health and in proper physical condition to participate in the Event; and the Participant is not under the influence of alcohol or of illicit or prescription drugs which may impair the Participants ability to safely participate in the Event.

Rules and Conduct

Participant understands and is expected to conform to the following rules and conduct; the use of tobacco, alcohol, and drugs is strictly prohibited. Possession or use of weapons, knives, firearms, or fireworks is strictly prohibited. No offensive or immodest clothing. No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. No student can drive other students on an activity. Participation with the group is expected. Show respect of all property, one another, staff, and adult leaders. Respect and comply with event schedules. Violation will result in immediate dismissal without refund. *Students who fail to comply with these expectations may be sent home at their parents' expense.*

Voluntary agreement to limit claims for negligence to the amount of applicable insurance from negligence, gross negligence, strict liability, derivative liability or otherwise, including injury, accident, sickness and accident losses. I understand these trips include but are not limited to; travel by car, van or airplane, and have activities such as sports, games, adventure sports, etc. I, the parent and or legal guardian agree to permit the Participant to participate in the Youth Event and agree to voluntarily limit their claims for damages to the amount of applicable insurance. All losses or expenses in excess of the amount of applicable insurance must be borne by Participant and or Guardian. Thus, if injured and intend to assert a claim against La Casa de Cristo Lutheran Church, then I will look first to my own insurance company for coverage. I will then look to the applicable insurance carried by La Casa de Cristo Lutheran Church, but only to the extent of applicable limits. As a condition, participant and or Guardian agree that Participant and or Guardian freely and voluntarily waive all rights to assert a claim or judgment against the assets of La Casa de Cristo and its affiliates in excess of their applicable insurance coverage.

Indemnity for La Casa de Cristo Lutheran Church. To the extent Participant and Guardian have applicable insurance coverage, they will indemnify, protect, defend, and hold La Casa de Cristo Lutheran Church harmless for, from and against all cost, claims, and charges arising from the Event whether caused by La Casa de Cristo, its employees, independent contractors, volunteers or otherwise.

Media Permission

The Participant and Guardian hereby grant a license and permission to La Casa de Cristo Lutheran Church or their designees, and their employees, successors, assignees, licensees, and agents to utilize the Participant and Guardian appearance, image, voice and likeness, in perpetuity, in any manner and form and format of media throughout the world, now know or hereafter devised, including but not limited to photographs, video, recordings, broadcast, or web-casts of the event attending.

Continued

Medical Release, Allergy/Medication Card
Event Participation Agreement Release and Liability,

Effective through June 2017



La Casa de Cristo
LUTHERAN CHURCH

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in group activities. I agree to abide by the stated rules and code of conduct.

Participant/Student signature: _____ Date: _____

I hereby warrant that I am of legal age and authorized to enter into this agreement on behalf of the Participant, I have read this agreement carefully, understand its terms and conditions, and acknowledge that I am giving up substantial legal rights by signing it (including the rights of the Participant and the parents/legal guardians of the Participant, heirs and next of kin, and their respective legal and personal representatives, executors, administrators, successors and assigns). I have signed this agreement without any inducement, assurance or guarantee, intend for my signature to serve as confirmation of my complete and unconditional acceptance of the terms, conditions, and provisions of this Agreement.

Parent/Guardian signature: _____ Date: _____

Participant/Student signature (if 18yrs or older): _____ Date: _____

**Medical Release, Allergy/Medication Card
Event Participation Agreement Release and Liability,**
Effective through June 2017



Allergy/Medication Card 2016-17

Student's Full Name: _____

No Known Allergies _____
Signature _____ Date _____

Allergies To Medications: _____
Describe allergic reaction and usual treatment

Foods: _____
Describe allergic reaction and usual treatment

Environmental (grass, pollen etc): _____
Describe allergic reaction and usual treatment

List all prescription and over the counter Medicine(s): use reverse side if needed

Medication	Dosage	Frequency	Special Instructions
Medication	Dosage	Frequency	Special Instructions
Medication	Dosage	Frequency	Special Instructions

I give permission for my student to keep their inhaler and/or EpiPen and/or Benadryl with them at all times and to administer medication as prescribed by doctor. _____

Initials

Initial each over the counter medication we CAN give your child:

- | | |
|-------------------------------|-------------------------------|
| _____ Ibuprofen (Advil) | _____ Stool Softener/Laxative |
| _____ Acetaminophen (Tylenol) | _____ Antibiotic Ointment |
| _____ Benadryl | _____ 1% Hydrocortisone Cream |
| _____ Pepto Bismol | _____ Tums |
| _____ Dramamine | _____ Nasal Decongestant |
| _____ Nyquil/Dayquil | |
| _____ Cough Syrup | |

Parent Signature _____ Date _____

Student Signature (if 18yrs or older) _____ Date _____