

Medical Release and General Permission Form Northern Illinois Synod ELCA

Please Print

Name of Participant _____

Address

Telephone _____ Date of Birth _____ Grade:

1. Participant is allergic to: _____

2. Please list any restrictions on diet or exercise: _____

3. Does your child have any special needs or problems? If so please list: _____

4. Is your child on regular medication? If so, please list drugs, dosages, frequency and any instructions:

RELEASE OF ALL CLAIMS

In consideration of being accepted by the Northern Illinois Synod, ELCA for participation in youth ministry events:

I (we) do for myself (ourselves) and on behalf of my child/participant do hereby release, forever discharge, and agree to forever hold harmless the Northern Illinois Synod ELCA, the employees and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in the synod sponsored youth events, including travel, recreation and all associated activities.

Further, I (we) (and on behalf of our child/participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

I (we) am (are) the parent (s) or legal guardian (s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and give my (our) permission to take said participant to a doctor hospital, share the above medical information and authorize treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

I (we) give permission for my child to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also release the participant's name as part of an information database for the synod and ELCA related entities, and that photos/videos produced by the synod become property of the synod and can be used for ELCA related purposes and publicity including the Synod's website.

Parent/Guardian's signature: _____ Phone: _____ Date: _____

Participant's signature (if over 18): _____ Phone: _____ Date: _____

Emergency Contact: _____ Phone: _____ Date: _____

Physician's Name & Telephone Number _____

Name & Address of Insurance Company: _____

Member # _____ Group # _____

Church Name & City: _____

(Also complete Youth Conduct Covenant on back ⇨)

CONDUCT COVENANT

As a **Youth** participant of the Northern Illinois Synod Youth Assembly
Event

June 15-16, 2007
Date

I agree to :

- **Show respect** for myself and all other participants of this event as well as the staff and host property.
- **Participate** in all parts of the event
- **Not** bring or use **alcohol or other non-prescribed drugs** including tobacco products
- **Abide** by the curfew time and quiet hours
- **Not use offensive language**
- **Follow the open door policy** which states that visitors of either sex who are attending the event may visit friends in their room during free time as long as there is an adult sponsor in the room at all times, the door is left open and all roommates agree to the visitor being there.
- **Not bring my cell phone** at this event and to
- **Have fun and be fun**

A warning will be given for breaking the rules about:

Respecting others Curfew Participation in the event Language

The participant will be sent home and/or suspended from future synodical events for repeated breaking the above rules, or the following:

Illegal drugs, alcohol or tobacco products Open door policy

The synodically designated adult in charge of the event will make all decisions concerning sending anyone home in consultation with congregational youth leader. If a participant is to be sent home, his or her parent or other designated adult will be called to pick up the participant as soon as possible. Please alert Synod Coordinator about any special needs or circumstances concerning the covenant before the event.

Participants Name _____

Congregation: _____

Parent/Guardian signature: _____

I agree to live in this covenant for this event. I understand the consequences if I choose to break this covenant.

Participant's signature: _____

CONDUCT COVENANT

As an **Adult** participant of the Northern Illinois Synod Youth Assembly June 15-16, 2007
Event Date

I agree to :

- **Show respect** for myself and all other participants of this event as well as the staff and host property.
 - **Participate** in all parts of the event
 - **Not** bring or use **alcohol or other non-prescribed drugs**. Not use tobacco products in from of youth or while an activity of the event is going on.
 - **Abide** by the curfew time and quiet hours
 - **Not use offensive language**
 - **Follow the open door policy** which states that visitors of either sex who are attending the event may visit friends in their room during free time as long as there is an adult sponsor in the room at all times, the door is left open and all roommates agree to the visitor being there.
 - **Keep my cell phone on silent** during all activities and check it only during free time at this event and to
 - **Have fun and be fun**
-

Before the event set, with your group, guidelines for appropriate behavior. including public displays of affection.

A warning will be given for breaking the rules about:

Respecting others Curfew Participation in the event Language

The participant will be sent home and/or suspended from future synodical events for repeated breaking the above rules, or the following:

Illegal drugs, alcohol or tobacco products Open door policy

The synodically designated adult in charge of the event will make all decisions concerning sending anyone home. If an adult is to be sent home, he or she will arrange to be picked up as soon as possible and congregation will make arrangements for supervision of the youth participants. If there are special circumstances please contact the Synod Coordinator before the event.

Participants Name _____

Congregation: _____

I agree to live in this covenant for this event. I understand the consequences if I choose to break this covenant.

Participant's signature: _____