

# Medical Release and General Permission Form Northern Illinois Synod ELCA

Please Print

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Telephone number \_\_\_\_\_

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: \_\_\_\_\_

Name & Address of Insurance Company: \_\_\_\_\_

Member # \_\_\_\_\_ Group # \_\_\_\_\_

Church Name & City: \_\_\_\_\_

Event \_\_\_\_\_