

ST STEPHEN'S LUTHERAN CHURCH YOUTH WAIVER & MEDICAL RELEASE
2017-2018

Waiver and Medical Release

I, _____, give permission for my youth, _____, to attend all St Stephen's Lutheran Church youth functions on or off site from September 1, 2017 to August 31, 2018. I will not hold St Stephen's Lutheran Church, church employees, the adult leaders, and/or drivers of necessary transportation liable for injury, illness, or mishap occurring as a result of scheduled activities. In the event of an emergency, accident, or illness we want the adult leaders to notify us as soon as possible.

IN THE EVENT OF A MEDICAL EMERGENCY, WE GIVE ST STEPHEN'S LUTHERAN CHURCH OR THEIR REPRESENTATIVE AUTHORIZATION TO PROVIDE MEDICAL CARE FOR OUR CHILD.

Photo/Images Waiver

I provide consent for photos and images taken of my child to be used for church publicity purposes, possibly including in the church, in print and online.

Parent/Guardian Signature: _____

Youth Information

**If possible, photocopy your insurance card onto the back of this form.*

Full Name: _____

Birth date: _____ Grade: _____ (In 2017-2018 school year)

Address: _____

Youth's Cell Phone (if applicable): _____

Ongoing health concerns, including ongoing medications and allergies: _____

Insurance Company: _____ Policy #: _____

Doctor's Name: _____ Hospital: _____

Parent/Guardian Information

Parent/Guardian Information

Name: _____ Name: _____

Land Line: _____ Land Line: _____

Work phone _____ Work Phone: _____

Cell phone _____ Cell Phone: _____

Emergency Contact other than parent: Name & Phone: _____

People who may not pick up my child: _____