



2008-09 YOUTH CONSENT TO TREAT, PHOTO RELEASE, & MEDICAL BACKGROUND FORM

Name: _____ Grade: _____

My child (listed above) has my permission to participate in all activities and trips sponsored by First English Lutheran Church from Aug. 20, 2008 – Aug. 19, 2009.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff, volunteer chaperones, or adults who are 18 years of age or older, of any liability against personal losses of named student.

I, the undersigned, have legal custody of the student named above, a minor, and have given my consent for him/her to attend events organized by First English Lutheran Church. I understand that there are inherent risks involved in any ministry or youth event, and I hereby release First English Lutheran 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 child's involvement. In the event that he/she is injured and requires the attention of a doctor, I 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 First English Lutheran Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 below is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I agree to send my youth to this event only if he/she is in good physical condition. I also agree to bring my child home at my expense should they become ill or if deemed necessary by the youth ministries staff member.

I give my child permission to ride with First English youth staff or volunteers or to be transported to activities by means determined by the youth staff.

Pictures of youth activities may be used on the First English Web site. Your child may be in one or more of the pictures. By signing below, you give permission for the pictures to be used on the Web site. If you do not want pictures of your child used, please indicate below.

PHOTO RELEASE ___ (initial) Yes, you may use pictures of my child on the First English Web site. No, please do not use pictures of my child on the First English Web site: ___ (initial)

Signature of Parent/Guardian _____ Date _____

EMERGENCY INFORMATION:
Parent (Guardian) Name _____ Phone _____ Cell _____
Address _____
Emergency contact _____ Phone _____ Cell _____
Relationship _____
Physician's name _____ Phone _____
Insurance carrier _____ Policy # _____
List current medications _____
List allergies _____
List health problems that a physician should be aware of if any treatment is needed:
Date of last tetanus shot: _____