

MEDICAL RELEASE & PERMISSION FORM

Trinity Lutheran Church— Lisle, IL

Name _____ Age _____ Birthday _____
Last First Middle

Year in School _____ Male _____ Female _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Medical Insurance Company _____ Policy # _____

Mother's Name _____ Home Phone _____ Cell Phone _____

Father's Name _____ Home Phone _____ Cell Phone _____

Emergency Contact _____ Home Phone _____ Cell Phone _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

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

1. Does your child have allergies to (Please Explain)

_____ Pollens _____ Medications _____ Food _____ Insect Bites _____ Other

2. Does your child 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 _____ Other (Explain)

3. For your child's safety and our knowledge, is your student a....

_____ Good Swimmer _____ Fair Swimmer _____ Non-Swimmer

4. Date of last tetanus shot: _____

5. Does your child wear: _____ Glasses _____ Contact Lenses

6. Is your child currently on any medications? If so please list (be specific about dosage procedures):

7. Please list and explain any major medical history your child has experienced:

Medical Release & Permission Form

Trinity Lutheran Church, Lisle, IL

Additional comments:

For your information, we expect each student to conform to these rules of conduct

- Appropriate—Modest Dress for all events. This includes one-piece swim suits for girls (no midriff showing), tops with covering straps, and fitted shorts (no sagging pants).
- Participation with the group
- Respect for property
- Respect one another, staff, and adult leaders (Physically & Socially)
- Respect and comply with event schedules
- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing or language
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Students are not permitted to drive during youth events unless previously noted with parental and church consent

Students who fail to comply with these expectations may be sent home at their parents' expense.

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

Student Signature _____ Date _____

Activities may include, but are not limited to: cookouts, boating or rafting, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, ice skating, bowling, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, conferences, Bible studies, miniature golf, appropriately approved movies, hayrides. NOTE: *If you desire to limit your child's participation in any event, please submit your wishes in writing to the coordinator of that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT

Sponsored by Trinity Lutheran Church (Hereby referred to as the "Church"). Furthermore, I grant Trinity Lutheran Church the right to post pictures of these activities on the Trinity Lutheran Church website and other multimedia presentations used within Trinity's ministries.

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 child.

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 child's involvement. In the event that he/she is injured and required 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 child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please submit this form to: Trinity Lutheran Church
1101 Kimberly Way
Lisle, IL 60532

Phone: 630.964.1272
Fax: 630.964.1468
www.trinitylisle.org