## **Bethany Lutheran Church Event Release Form**

110 W. Austin St. Fredericksburg, TX 78624 (830)997-2069

Pastors: Casey Zesch & Travis Meier Youth Director: Kiesha Priem

**Effective Dates: September 2015 to September 2016** 

Print in ink. Each participant (including adults) must have this form on file to participate in activities. Please fill out accordingly. Participant's Info Name: Age Birthday: Grade in school: \_\_\_\_\_ Male Female Child's email: \_\_\_\_ Address\_\_\_\_\_\_Zip\_\_\_\_\_Zip\_\_\_\_\_ Home Phone \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_ Text message? Yes \( \sqrt{\text} \) No \( \sqrt{\text} \) Medical Insurance Company: Policy # PLEASE ATTACH A COPY OF PARTICIPANT'S HEALTH INSURANCE CARD Parent/Guardian Info: ●Parent/Guardian Name: Relationship Home Phone \_\_\_\_\_\_Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_\_ Text message? Yes \( \square\) No \( \square\) Parent/Guradian Name: \_\_\_\_\_ Relationship \_\_\_\_\_\_ Home Phone\_\_\_\_\_Work Phone\_\_\_\_ Cell phone \_\_\_\_\_\_Text message? Yes \\_ No \\_ ●Emergency Contact: Relationship \_\_\_\_\_\_ Best way to contact: ●Physician: Office Phone: ●Dentist: Office Phone:

## **MEDICAL HISTORY**

If necessary, describe in detail the nature and severity of any physical and/or psycholological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which the participant is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof.

Circle the following areas of concern for this participant. If necessary, attach another page with details.

1. 2.	For the participant's safety and our knowledge, are they a <b>good swimmer fair swimmer non-swimmer</b> Does the participant have any allergies to any of the following? If yes, please list:
	pollens medications food insect bites
3.	Does the participant suffer from, or has ever experienced, or is being treated for the following:  Asthma Epilepsy/seizure disorder Heart disorder Diabetes  Frequently Upset Stomach Other
4.	Date of last tetanus shot:
5.	Does the participant wear: glasses contact lenses hearing aid braces/retainer
6. Please list and explain any major illnesses the participant experienced during the last year:	
7. 8.	Should the participant's activities be restricted for any reason? Please explain:  Please list the medications the participant takes regularly. Please include all pertinent information, including dosage, times taken, etc.
	ications will be taken during a Youth Event they must be turned in to Kiesha Priem prior to the event and she stribute them at the times indicated on prescription labels.
	Release and Indemnity Agreement  (norticinant) has my normission to attend all activities appropriate or participated in by
Bethar	(participant) has my permission to attend all activities sponsored or participated in by y Lutheran Church and ride with drivers designated be the pastor, employee, staff, chaperon, agent or other
	eer of BLC.
	I also grant permission to the staff member in charge of the event or his/her designee to seek and authorize

I also grant permission to the staff member in charge of the event or his/her designee to seek and authorize medical attention for the named participant and release Bethany Lutheran Church, its pastors, employees, church council, volunteers, agents, and chaperons from any and all liability for personal injury, death and damages suffered by the named participant and agree to indemnify and hold harmless Bethany Lutheran Church, its pastors, employees, church council, volunteers, agents, and chaperons from any and all liability for personal injury, death and damages suffered by the named participant.

I authorize and direct Bethany Lutheran Church, through its pastors, employees, staff, volunteers, agents, and chaperons to consent to any and all medical and other emergency services the pastor, employee, volunteer, agent, and/or chaperon, in his or her sole discretion, may deem necessary or desirable for my child or other person over whom I have legal custody or guardianship. IN the even of emergency transportation and/or treatment by a physician or other health care professionals, I release Bethany Lutheran Church, its pastors, employees, council, staff, chaperons, and volunteers from any and all claims, demands, or suits for all bodily injury, death or damages arising from or out of the giving of such consent and the rendering of such transportation or health care services to my child or person over whom I have legal custody or guardianship.

Parent/Guardian Signature	Date