

St. John's Youth Ministries

Emergency, Liability, and Promotional Release Form

*This form needs to be completed annually. Make a copy for your records. Return to the youth staff.
You are responsible for contacting us and updating the form after changes occur.*

INFORMATION:

Student's Name _____ Current Grade _____ Birth date _____
Name student prefers being called _____
Parent(s) or Guardian Name _____
Address _____ City _____ Zip _____
Phone Number(s): _____
Email (optional) _____

Facts concerning student's medical history, including ALLERGIES, MEDICATIONS BEING TAKEN, and any PHYSICAL IMPAIRMENTS/LIMITATIONS to which a physician should be alerted: _____

EMERGENCY PHONE NUMBERS (who should be contacted in an emergency):

Name _____ Relation _____ Phone Number(s) _____
Name _____ Relation _____ Phone Number(s) _____
Name _____ Relation _____ Phone Number(s) _____

LIST ANY SITUATIONS (personal, family, health, diet) that we should be aware of concerning your child:

NAME OF HEALTH INSURANCE CO.: _____ **POLICY NUMBER:** _____

(For trips and events taking place outside the Columbus area, please copy your health card and attach copy to this form.)

FIRST AID MEDICATIONS: The following is available in the St. John's first aid kits to treat minor afflictions. The dosage is determined by size/age of child and the specific directions listed on the medication. Please indicate whether or not these medications may be given to your child/youth. You will be contacted if illness develops or emergency treatment is required.

| YES | NO | | YES | NO | |
|------------|-----------|--|------------|-----------|-----------------------------|
| _____ | _____ | Cortisone Cream (for itching, bug bites) | _____ | _____ | Ibuprofen |
| _____ | _____ | Neosporin | _____ | _____ | Children's Liquid Ibuprofen |
| _____ | _____ | Hydrogen Peroxide | _____ | _____ | Tums |
| _____ | _____ | Benadryl | _____ | _____ | Tylenol |

LIABILITY RELEASE: I understand all reasonable safety precautions will be taken at all times by St. John's Lutheran Evangelical Lutheran Church (Grove City, Ohio) and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to not hold St. John's Evangelical Lutheran Church (Grove City, Ohio), its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this form.

Signature of Legal Guardian _____ Date _____

Please continue and complete Emergency Authorization and Promotional Release on back or next page.

EMERGENCY AUTHORIZATION

In the event reasonable attempts to contact the legal guardians from the information given have been unsuccessful, I hereby give my consent to take my child/youth to a licensed physician or dentist or hospital and hereby give my consent and authorizations of any treatment deemed necessary by a licensed physician or dentist, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Preferred Doctor's Name _____ Phone _____
Preferred Dentist's Name _____ Phone _____
Preferred Hospital _____

Signature of Legal Guardian _____ Date _____

(Do not complete if you signed above)

I do not give my consent for emergency medical treatment of my child/youth. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take not action or to _____

Signature of Legal Guardian _____ Date _____

PROMOTIONAL RELEASE

I understand my child or youth may be photographed or recorded on video during the course of events held by St. John's Evangelical Lutheran Church (Grove City, Ohio). I consent for my child or youth's image to be used in either print, electronic, or video form for the promotion of the children's and youth ministry of St. John's Evangelical Lutheran Church (Grove City, Ohio). My consent includes but is not limited to the church's website*. I release St. John's Evangelical Lutheran Church (Grove City, Ohio) from any liability connected with the use of my child or youth's picture or voice recording.

Signature of Legal Guardian: _____ Date: _____

*We do not put personal information or names of children or youth on the church website. If you have questions or concerns about the promotional release please talk to us.