

Trinity Lutheran Church

Boulder, Colorado

General Medical Release for all Youth Events & Sunday School

September 1, 2011 through August 31, 2012

Please complete one form PER CHILD

In an attempt to provide quick and proper emergency care and treatment for the youth of Trinity Lutheran Church ("Trinity"), who are participating in Trinity's youth ministries and Sunday School, we ask for the following information:

Youth Name (full) _____

Parent/Guardian Name(s) _____

Mailing Address (Mom) _____

Mailing Address (Dad), if different) _____

Mom Phone (eve.) _____ **Dad Phone (eve.)** _____

Mom Phone (day) _____ **Dad Phone (day)** _____

Mom Phone (cell) _____ **Dad Phone (cell)** _____

Brothers (name & age) _____

Sisters (name & age) _____

Youth Email _____ **Youth (cell)** _____

Youth Text (Y/N) _____ **Email(s) for Church Communications** _____

Youth's Date of Birth _____ **Grade** _____ **Member of Trinity (Y/N)** _____

Is Your Child Baptized? _____ **School Attending** _____

In case of an emergency, I understand that every effort will be made to contact me before any treatment is administered. If after reasonable efforts Trinity is unable to contact the parent(s)/guardian(s) or family physician, then upon injury, (i) I do hereby consent to any x-rays, examination, anesthetic, medical or surgical diagnosis or treatment that may be rendered to said minor under the general or specific instructions of the acting/treating physician, as well as the provision of any ambulance and hospital service to said minor (collectively, the "Treatment"); and (ii) I give temporary guardianship to **Becca Sager**, Director of Youth Ministries (or if she is unavailable, then to an appointed Trinity adult volunteer) for the purpose of authorizing Treatment. I understand that I, the parent/guardian of the child, am responsible for all charges for the Treatment (the "Costs"). On behalf of the child, myself and our household, I agree to **RELEASE, HOLD HARMLESS AND INDEMNIFY** Trinity, its agents and employees (including adult volunteers) from (i) any and all liability arising from or related to injuries, illnesses or Treatment that my child receives, and (ii) the associated Costs.

Signature of Parent/Guardian

Date

OVER

Non-Parent Emergency Contacts

Name(s) _____

Relation to Youth _____

Home Phone _____ Daytime Phone _____

Cell Phone _____

If they cannot be reached, please contact:

Name(s) _____

Relation to Youth _____

Home Phone _____ Daytime Phone _____

Cell Phone _____

Name of Person who brings student to Sunday School (if not parent/guardian) _____

Medical Information

Family Physician _____

Phone Number _____

Health Insurance Co. Name _____

Policy Number _____

Date of Last Tetanus Shot _____

Please List:

- Any medications being taken

- Any known medical/food allergies

- Any other special needs or information (please include any over-the-counter medicines which may be given to your child)