

Medical/Liability Release Form

I, _____ parent(s)/guardian(s) of
 _____ give permission for my teenager to attend and participate
 in youth activities at Grace Lutheran Church.

By signing this form the parent, guardian or individual agrees to assume and accept all risks and hazards inherent in participating in any of the activities, events, or trips for this school year. They also agree to not hold **Grace Lutheran Church** and /or its owners, agents, or employees liable for damages, losses, or injuries to the person(s) or property undersigned. Risks include but are not limited to *death, injury due to being a passenger in a car on route to and from home, injury due to standing, sitting, walking, climbing, and falling in or around car, or where the car is parked; any injuries due to indoor and outdoor activities, injuries due to water, sand, sun, or weather, and any injuries by participating in physical games, and risks of personal property lost or stolen.* The parents or guardians understand that they are signing for the minors listed on this form, and that their signature is both a **medical and liability release**. I allow my child to ride with any driver endorsed by Grace Lutheran Church during these activities, events or trips.

AUTHORIZATION TO CONSENT TO TREATMENT

We do hereby authorize **Grace Lutheran Church**, as agents for the undersigned to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment or hospital care which is deemed by, and is to be rendered under the provisions of the Medical Practice Act on the Medical Staff of a licensed hospital. Whether such diagnosis or treatment is rendered at office of said physician or said at hospital. This permission includes any necessary dental treatment to be performed by a licensed dentist under the provision of the Dental Practice Act. It is understood that this authorization is given in advance of any specific authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. This authorization shall remain effective during the entirety of the 2017-2018 school years and expires on August 15, 2018.

Parent/guardian signature and date

Address: Street Address, City and State

Best contact phone number

Emergency contact name and relation to minor
 number

Emergency phone

Insurance Carrier Name

Policy number

Family Doctor's Name and Phone Number

List any allergies to medications or food

Any additional information I need to know to help keep your teenager safe?