

RELEASE FORM: YOUTH

PERMIT FOR SON OR DAUGHTER TO PARTICIPATE IN CHURCH RELATED ACTIVITIES, RELEASE OF CLAIM FOR DAMAGES AND MEDICAL RELEASE

St Peter's Lutheran Church

1130 St. Peter's Church Road Lexington, SC 29072

I give permission for _____ to participate in any activity or take any trip sponsored St. Peter's Church Road Lexington, SC 29072, in a car, van, or leased bus.

I do hereby absolve and release the chaperones, drivers, and St. Peter's Lutheran Church from any claim which might result from an accident or emergency sustained by such son or daughter while away from home, at the activity or on the trip. I understand that proper discipline will be used to maintain his or her safety and health.

In the event that _____ suffers any illness or accident requiring emergency medication, hospitalization, or surgery at any time while at the activity or this the trip, I hereby give permission for any necessary medication, hospitalization, or surgery on recommendation of the attending physician and an accompanying adult at said activity or trip. It is understood that the attending physician or accompanying adult will contact me at the earliest possible moment. All expenses will be paid by me or my insurance company.

Please note: Parents or guardians are requested to sign this claim to avoid obligating the church or any of its representatives in the event of an unforeseen tragedy or accident. Responsible adults will accompany the youth and will supervise their activities, and every effort will be made to assure their safety.

DATE FORM COMPLETED: _____

SIGNATURE OF PARENT/GUARDIAN: _____

ADDRESS: _____

HOME PHONE: _____

Parent/Guardian- Name _____ Email _____

Phone: (W) _____ (C) _____

Parent/Guardian- Name _____ Email _____

Phone: (W) _____ (C) _____

Student's- DOB _____ Grade _____ T-Shirt Size _____

Cell Number: _____ Email _____

List two people who may assume temporary care of your child in an emergency.

Legal Name: _____

Address: _____

Phone: (H) _____ (C) _____

Relationship: _____

Legal Name: _____

Address: _____

Phone: (H) _____ (C) _____

Relationship: _____

INSURANCE

Primary Coverage of Child

Company Policy # _____

Address/Phone _____

Policy is in what name? Company/Business _____

Secondary Coverage of Child

Company Policy # _____

Address/Phone _____

Policy is in what name? Company/Business _____

MEDICAL HISTORY

Please describe any allergies (food, medical, insect, plant) that your child has.

Date of last tetanus booster: _____

Medications taken regularly: _____

Other health problems: _____

Please list any restriction on diet, swimming, diving, sun, exercise, etc. (*You must also **tell** the trip leader*):

May we give your child any over-the counter medication? Yes _____ No _____

Aspirin _____ Aspirin substitute _____ Sinus Medication _____ Cough Syrup _____ First Aid Cream _____

Band-Aids _____ Other _____