

Grade/Age _____

Last Initial _____

TRINITY LUTHERAN CHURCH | Medical, Liability, and Photo Release

This medical consent form will serve for all church activities from September 1, 2019 to August 31, 2020.

Please print information clearly.

Name of Child: _____

Age: _____ DOB: __/__/____ Grade: _____

Address: _____

City: _____ Zip: _____

Parent/ Legal Guardian Information:

Guardian Name: _____ Guardian Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Email: _____ Email: _____

Church Home: _____ None _____

Child Lives with : _____

Other Children in Family:

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

Name: _____ DOB: _____ Name: _____ DOB: _____

In case of Emergency, if a parent cannot be reached, name of relative or friend:

Name: _____ Phone: _____

Relation: _____

Name: _____ Phone: _____

Relation: _____

MEDICAL INFORMATION & AUTHORIZATION FOR TREATMENT

Please list health concerns/ allergies:

Date of last Tetanus Immunization: _____

Doctor's Name: _____ Phone: _____

IN CASE OF EMERGENCY, I hereby give permission to Trinity Lutheran Church authorized representatives to act in my behalf to hospitalize and/or secure proper treatment for my child as named on this form. I understand that every effort will be made to notify me first before treatment is administered. I acknowledge that my medical insurance will be the primary insurance billed.

I do hereby release from any liability Trinity Lutheran Church volunteers, staff, partners, vendors, representatives, et al in the event that any accident or loss of property en route, during and returning from the event as stated above. In the event of property loss or damage, I understand that my own homeowners/renters insurance will be the primary insurance billed.

I hereby agree to indemnify and hold harmless Trinity Lutheran Church and its officers, employees, and volunteer staff from any liability. I accept responsibility for any medical expenses as a result of any such injury sustained.

Parent/ Guardian Signature: _____ Date: _____

Photo Release

I, _____, the parent or legal guardian of _____ [Child/Children]

grant **Trinity Lutheran Church** my permission to use the photographs for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content.

Furthermore, I understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature: _____ Date _____

Parent/Guardian's Printed Name: _____