

Bethany Lutheran Church PERMISSION/MEDICAL RELEASE FORM

Austin City Wide Lock in

Youth's Name _____ Grade _____ DOB _____ Age _____
Parents' Name _____ Address _____
City/Zip _____ Parents' Mobile _____ Home # _____
Work # _____ Email Address _____

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in the city wide lock in August 27-28. In an emergency, illness, injury, or accident which requires medical attention, I give my permission to Bethany Lutheran Church, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physician's assistants, doctors and paramedics) for my child, _____, to receive medical treatment, be hospitalized, anesthetized, or receive surgery. I understand that every effort will be made to contact me before these actions are taken. I,

_____, the undersigned, do release, acquit, discharge and covenant to hold harmless Bethany Lutheran Church and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my child's participation in the event. I understand that events might involve activities that could result in injury or death. Furthermore, we (I) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. Furthermore, authorization and permission is hereby given to Bethany Lutheran to furnish any food and lodging for this participant. Permission is hereby given to Bethany Lutheran to provide transportation for this participant.

The undersigned further hereby agree to hold harmless and indemnify Bethany Lutheran, its directors, counselors, employees and agents for any liability sustained by Bethany Lutheran as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. It is the intention of this release that Bethany Lutheran Church and its representatives incur no liability whatsoever while attempting to meet all medical needs that my child may require during the trip. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Parent Signature and Date

Emergency Contact

Name (non-parent) _____
Phone _____
Address _____
Relationship _____
Insurance Company _____
Policy # _____

Check all that apply

- ____ Seasonal Allergies
- ____ Diabetes
- ____ Hay Fever
- ____ Penicillin allergy
- ____ Bug bite topical ointments
- ____ Handicap/disability
- ____ Asthma
- ____ Dizziness
- ____ Heart
- ____ Bee reactions
- ____ Epilepsy
- ____ High blood pressure
- ____ Respiratory
- ____ Depression
- ____ ADD
- ____ ADHD
- ____ Dyslexia (or similar to)
- ____ Prone to sleepwalking

- ____ Peanut Allergies
- ____ Milk or Egg Allergies—circle which one applies
- ____ Fear of enclosed spaces
- ____ Weak Swimmer
- ____ Other _____

Please explain anything checked:

▪ ***If your youth is currently under a doctor's care, please list name and number:***

▪ ***Please list any medications your youth is taking with dosage/time of day*** _____

- Please check this box if you will permit us to administer OTC medications (i.e. Tylenol, Benadryl, Tums, Advil, etc.) if necessary.
 - Please check if your youth self-medicates.
 - Please check if you prefer us to administer your youth's medications. Give meds to counselor.
-