

Medical Release Form for all CIA participants

Please return promptly by Sunday, June 20 as we send a group off-campus already on Monday, June 21, 2010.
Return to Bethany Lutheran Church 3701 W. Slaughter Ln Austin TX 78749 Attn: CIA Release

Child's Name: _____ Parent's Name: _____

Address: _____

Phone/Cell #s: _____ Male Female Age: ____ Date of birth: _____

Grade for Fall 2010: _____

Emergency Contact

Name (non parent): _____

Phone: _____ Relationship: _____

Insurance Company/Phone: _____

Policy #: _____

If currently under doctor's care, please provide physical name/number: _____

Please tell us of any special medical concerns or medications he/she is taking: _____

Release/Proof: I will not hold Bethany Lutheran Church or persons acting on its behalf responsible or liable for any injury or loss during my child's participation in events held at Bethany Lutheran Church; 3701 . Slaughter Ln, Austin, Texas. In the case of injury, I will be responsible for payment in full including medical or other expenses. In case of emergency, I authorize Bethany Lutheran Church to seek medical attention for my child including transporting the child by EMS or any other means. Bethany Lutheran Church hereby has the authority to arrange for/provide/seek medical care for my child. Also Bethany Lutheran Church is not responsible for personal items that are lost, stolen, or broken during the event. In addition, I give Bethany Lutheran Church permission for my child to travel off-campus in transportation provided by Bethany Lutheran Church and its CIA Camp or VBS counselors from any liability in the event of an accident enroot , during, and returning from all CIA Camp projects. By signing this form, I acknowledge and agree to these provisions and release Bethany Lutheran Church of all liability.

Parent or Guardian Signature

Date