



LAST NAME: \_\_\_\_\_

# MEDICAL RELEASE & PERMISSION FORM

Print, sign and bring a completed copy with you to the event.

Name of Event you are registering for:

Today's date:

### PARTICIPANT'S INFORMATION

<b>Last name:</b>		<b>First:</b>	<b>Mid:</b>		
Street Address:					
City:	ST:	Zip:	Age:	Gender:	<input type="checkbox"/> M <input type="checkbox"/> F
Email:		Birth date: / /			
Cell Phone: ( ) -	Home phone: ( ) -	Work:	Work phone ( ) -		

### EMERGENCY INFORMATION

Primary Contact Name:	Home: ( ) -	Cell: ( ) -	Work: ( ) -
Secondary Contact Name:	Home: ( ) -	Cell: ( ) -	Work: ( ) -

### INSURANCE & MEDICAL INFORMATION

(Please provide a copy of your insurance card.)

Medical Insurance Co:	Policy #:	Primary Name on Policy:	
Physician:	Phone: ( ) -	Dentist:	Phone: ( ) -
Date of Last Tetanus Shot:	For your safety & our knowledge, you are a <input type="checkbox"/> good <input type="checkbox"/> fair swimmer or <input type="checkbox"/> non-swimmer.		
Do you have allergies to: <input type="checkbox"/> pollens <input type="checkbox"/> medications <input type="checkbox"/> food <input type="checkbox"/> insect bites		Please describe:	
Do you suffer from, or have ever experienced, or are you being treated currently for any of the following: <input type="checkbox"/> asthma <input type="checkbox"/> diabetes <input type="checkbox"/> epilepsy / seizure disorder <input type="checkbox"/> heart trouble <input type="checkbox"/> frequently upset stomach <input type="checkbox"/> physical handicap			
Do you wear <input type="checkbox"/> glasses <input type="checkbox"/> contact lenses		Current Medications & Dosages:	
Please list any major illnesses in the last year:		Dietary Restrictions:	

Additional Notes/Comments:

### RULES OF CONDUCT

For your information, we expect each participant to conform to these rules of conduct:

- No possession or use of illegal drugs
- Only registered drivers may drive rental vehicles
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff, and leaders
- Respect and comply with event schedules

**Participants who fail to comply with these expectations may be sent home at their own expense.**

I, have read the rules of conduct, the above evaluation of my health and permission to participate in mission activities. I agree to abide by the stated personal limitations and code of conduct. I have also read and agree to all terms listed on page two of this document.

Participant's Signature: \_\_\_\_\_ (required) Date / /



## **MEDICAL RELEASE & PERMISSION FORM**

### **Authorization for Treatment**

This health history is correct as far as I know.

I hereby give permission to the medical personnel selected by church leaders to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes; and to provide or arrange necessary related transportation for me. In an emergency, I hereby give permission and authorize the physician selected by Lamb of God Lutheran Church to secure and administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named on page one of this document. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons and said physician or dentist to exercise their best judgment as to the requirements of such a diagnosis or medical, dental or surgical treatment.

I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization, Lamb of God Lutheran Church does not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel for transportation purposes.

### **Acknowledgement of Inherent Risk**

I acknowledge and understand that there are inherent risks associated with many church activities/trips. I will assume the risk associated therewith, whether known or unknown to me at this time. I recognize that my attendance at Lamb of God Lutheran Church activities and trips is a privilege and as consideration for this privilege, I release Lamb of God Lutheran Church, including its employees, pastors, agents, and volunteer workers, from responsibility from my accidental physical injury, including death or illness while at church activities/trips or during Lamb of God Lutheran Church sponsored travel. This release is also intended to include all claims made by my family, estate, heirs, personal representative or assigns.

I hereby grant Lamb of God Lutheran Church the right to use reproduce, and/or distribute photographs, films, videotapes, and sound recordings of myself, without compensation or approval rights, for use in material created for the purposes of promoting the activities and knowledge of Lamb of God Lutheran Church.

I also agree to bring myself home at my expense should I become ill or if deemed necessary by the staff members or volunteer workers.

Please sign to agree to all of the above terms on page one of this document.