

Medical Consent & Release Form

Trinity Lutheran Church

1400 West Stadium Boulevard Ann Arbor, Michigan 48103 (734) 662-4419

This form is valid from September 2012-August 2013

Any changes will be the parent's responsibility to update.

Student Information

Name _____ Grade _____

Address _____ City _____

Phone _____ Email _____

Date of birth _____

Parent/Guardian Information

Parent's Name _____ Email _____

Address _____ City _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relation to youth _____

Parent's Name _____ Email _____

Address (if different) _____ City _____

Home Phone _____ Work Phone _____ Cell Phone _____

Relation to youth _____

Insurance Information

Insurance Carrier _____

Family Physician _____ Phone _____

Group Number _____ Policy Number _____

Address _____ Phone _____

Medical Information

Are there any medical issues that would limit your child's participation in activities? _____ yes
_____ no If Yes, Please explain _____

Are all immunizations up-to-date? ___ yes ___no Date of last tetanus booster _____

Does your child have a history of fainting, seizures or convulsions? _____ yes _____ no

(Over)

Allergies

Please list any allergies, medications, special instructions or medical history problems we should be aware of. (Please note that all medications will be distributed by adult chaperones. Please provide medication schedules and indicate your approval by signing below.)

Emergency Contact

Name_____

Phone_____ Cell phone_____ Relation to youth_____

Medication Approval

I hereby authorize chaperones to administer my child’s medication as indicated below. A letter from my child’s doctor is attached stating the medication and dosing schedule.

Medication (s) _____
Medication Distribution Schedule_____

We the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with youth of Trinity Lutheran Church of Ann Arbor as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment or hospital care which is rendered under the supervision of any physician or surgeon whether diagnosis and treatment is in a hospital or office of said physician.

Signature_____ Date:_____

(Parent or Guardian)

Address_____ City_____

Phone_____ Alternate Phone_____

I, _____, give my child permission to attend activities sponsored by Trinity Lutheran Church. I understand that the Youth Director or a parent volunteer will supervise the children during the activities. I hereby agree on behalf of myself and my child, to release Trinity Lutheran and any and all affiliated organizations, their employees, agents and representatives, including volunteer chaperones and drivers, (collectively “releasees”) from any and all claims, including negligence, that may be asserted by my child or me, or on behalf of my child, arising from or relating to my child's participation in the activity. In the event this release on behalf of myself and/or my child is held to be invalid or unenforceable, I hereby agree to indemnify and hold harmless Releasees from any and all claims, including negligence, which may be asserted by my child or me, or on behalf of my child, arising from or relating to my child's participation in the activity. This release or indemnification does not apply to claims for intentional misconduct or gross negligence; nor does this release or indemnification apply to the extent of commercial insurance coverage for any claim, but this Release or Indemnification shall apply to the extent of any self-insurance or deductible applicable to any claim.

Signature_____ Date:_____

(Parent or Guardian)