

# Emergency Medical Release and General Permission Form For Youth Events Held Both At and Away From Church

Parents: Insurance demands require that we have one of these forms available for each youth who attends church events which involve travel. Please complete this form and return to the office.

Participant's Name and cell phone (please print) \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Gender \_\_\_\_\_

Youth's Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

1. Youth is allergic to: \_\_\_\_\_

2. Please list any restrictions on diet or exercise:  
\_\_\_\_\_

3. Does your child have any special needs or problems? Please list:  
\_\_\_\_\_

4. Is your child on regular medications? \_\_\_\_\_

Please list the drug, dosage, and any instructions: \_\_\_\_\_

Are there any over the counter medications the participant cannot receive? \_\_\_\_\_

**Please note that no drugs may be brought to youth events other than those listed above.**

## Release of Claims

In consideration for being accepted by Advent Lutheran Church, 1601 Green Lane, West Chester, PA 19382, for participation in youth ministry events:

I (we) do for myself (ourselves) and on behalf of my child-participant do hereby release, forever discharge, and agree to forever hold harmless Advent Lutheran Church, the employees, pastor and agents thereof, from any and all liability, claims and demands for personal injury, sickness, and death, as well as property damage and expense of any nature whatsoever which may be incurred by me or my child-participant resulting from said child's participation in the church sponsored youth events, including travel, recreation and all associated activities.

Further, I (we)(and on behalf of our child-participant under 18 years of age) hereby assume all risk of said personal injury, sickness, death, damage, and expense as a result of participation of above set forth. I also understand that church staff and volunteers are not responsible for the administrations of prescribed medications and I (we) have made private arrangements for any medication taken on a daily schedule by my child-participant.

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events and hereby give my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills incurred by my child.

I (we) give permission for the participant to receive over the counter medication such as Tylenol, ibuprofen, antidiarrheal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

I (we) also grant Advent unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation. **I grant permission for photos** \_\_\_\_\_ **I do not grant permission for photos** \_\_\_\_\_

Parent/Guardian signature and cell phone number: \_\_\_\_\_

Second Parent/Guardian cell phone number: \_\_\_\_\_

Emails for both parents/guardians: \_\_\_\_\_

Emergency name and phone number: \_\_\_\_\_

Insurance company and number: \_\_\_\_\_

Date: \_\_\_\_\_

***(Please photocopy both sides of your Medical Insurance Card and attach.)***