

St. Paul's Lutheran Church

107 W. Lincoln Ave
Telford, Pa 18969
215-723-8981 Fax 215-723-3363

PERMISSION is granted for my child, _____

to participate in the (name of event) **Confirmation Retreat at Bear Creek Camp** (date) **Friday, November 18 to Sunday, November 20, 2011** under the supervision of : **Pastor David Christensen and Adult confirmation advisors**.

YOUTH EVENT MEDICAL RELEASE FORM

Name: _____

Address: _____

Age: _____ Birthdate: _____

(If possible, please attach a copy of any Insurance card.)

Medical Insurance Carrier: _____

Address _____

Phone # _____

Group # _____ Member # _____

Name of Subscriber: _____

Known Food or Drug Allergies: _____

Current Medications: _____

Are there any over-the-counter medications that should be avoided? Please list them:

I give permission for the chaperone to administer any of the following over the counter drugs, as needed:

Any Special Dietary Restrictions or Concerns: _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Secondary phone #: _____

Emergency Contact: _____ Phone: _____

Relationship: _____ Secondary phone #: _____

RELEASE OF ALL CLAIMS

In consideration of being accepted by St. Paul's Lutheran Church for participation in youth 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 St. Paul's Lutheran Church, the employees, and agents thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses 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 expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication 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 give my (our) permission to take said participant to a doctor or hospital, share the above medical information and authorize medical treatment, including, but not limited to emergency surgery or medical treatment, and assume responsibility of all medical bills incurred by my child.

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

Permission for Participation in a Youth Event and Permission for Emergency Medical Treatment:

Parent's/Guardian's signature: _____

Phone: _____ Date: _____

Participant's signature (if over 18): _____

Phone: _____ Date: _____

Permission to Photograph and publish Photograph

I (we) also release the participant's name as part of an information database for St. Paul's Lutheran Church and grant the church unrestricted rights to use, alter, and reproduce any images (film, digital, video, etc.) from the event, in any medium without compensation.

_____ I grant permission. _____ I DO NOT grant permission.

Parent's/Guardian's signature: _____

Phone: _____ Date: _____