St. Paul Lutheran Church Children, Youth, and Family Ministries Emergency, Liability, and Promotional Release Form

This form needs to be completed annually. Make a copy for your records. Return to the Church Office. You are responsible for contacting us and updating the form after changes occur.

INFORMATION:		
Student's Name	Current Grade	Birth date
Name student prefers being called		
Parent(s) or Guardian Name		
Address	City	Zip
Phone Number(s):	·	
Email (optional)		

Facts concerning student's medical history, including ALLERGIES, MEDICATIONS BEING TAKEN, and any PHYSICAL IMPAIRMENTS/LIMITATIONS to which a physician should be alerted: ______

EMERGENCY PHONE NUMBERS (who should be contacted in an emergency):				
Name	Relation	Phone Number(s)		
Name	Relation	Phone Number(s)		
Name	Relation	Phone Number(s)		

LIST ANY SITUATIONS (personal, family, health, diet) that we should be aware of concerning your child:

NAME OF HEALTH INSURANCE CO.: ______ POLICY NUMBER:_____

(Please copy your health insurance card and attach copy to this form.)

<u>FIRST AID MEDICATIONS</u>: The following is available in the St. Paul's first aid kits to treat minor afflictions. The dosage is determined by size/age of child and the specific directions listed on the medication. Please indicate whether or not these medications may be given to your child/youth. You will be contacted if illness develops or emergency treatment is required.

YES	NO	YES	NO
	Cortisone Cream (for itching, bug bites)		Ibuprofen tablets
	Neosporin		Children's Liquid Ibuprofen
	Hydrogen Peroxide		Tums
	Benadryl		Tums KIDS

LIABILITY RELEASE: I understand all reasonable safety precautions will be taken at all times by St. Paul Lutheran Church (Reading, Ohio) and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to not hold St. Paul Lutheran Church (Reading, Ohio), its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this form.

Signature of Legal Guardian	Date

Please continue and complete Emergency Authorization and Promotional Release on back or next page.

EMERGENCY AUTHORIZATION

In the event reasonable attempts to contact the legal guardians from the information given have been unsuccessful, I hereby give my consent to take my child/youth to a licensed physician or dentist or hospital and hereby give my consent and authorizations of any treatment deemed necessary by a licensed physician or dentist, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

Preferred Doctor's Name	Phone		
Preferred Dentist's Name	Phone		
Preferred Hospital			
Signature of Legal Guardian	Date		

(Do not complete if you signed above)

I do not give my consent for emergency medical treatment of my child/youth. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take not action or to ______

Signature of Legal Guardian _____ Date _____

PROMOTIONAL RELEASE

I understand my child or youth may be photographed or recorded on video during the course of events held by St. Paul Lutheran Church (Reading, Ohio). I consent for my child or youth's image to be used in either print, electronic, or video form for the promotion of the children's and youth ministry of St. Paul Lutheran Church (Reading, Ohio). My consent includes but is not limited to the church's website*. I release St. Paul Lutheran Church (Reading, Ohio) from any liability connected with the use of my child or youth's picture or voice recording.

Signature of Legal Guardian: _____ Date: _____

*We do not put personal information or names of children or youth on the church website. If you have questions or concerns about the promotional release please talk to us.