

**Our Father's Lutheran Church
Health Evaluation/Liability Release Form**

I give permission for my child to participate in the group confirmation activities of Our Father's Lutheran Church. I undersigned, give permission for Our Father's Lutheran Church chaperones, to provide for our child;

Student's Name _____ DOB _____ Age _____ Grade _____

Parent/Guardian _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell/Pager _____

Insurance Carrier _____ Group # _____

Carrier Address _____ Phone # _____

Full Name of Insured _____ ID # _____

Family Doctor _____ Phone _____

In an emergency, if unable to reach parent, contact:

Name _____ Phone _____ Relationship to student _____

Are your student's immunizations current? Yes No Date of last Tetanus Booster ___/___/___

Special Information

Medication: Does your child take either prescription or non-prescription medication on a regular basis? Yes No

If yes, please state medication and reason: _____

Health or behavior concerns that we should be aware of: asthma, diabetes, epilepsy, ADD, ADHD etc.:

Allergies: _____ Any other information: _____

This Consent Form gives permission to seek whatever medical attention is deemed necessary, and releases, Our Father's Lutheran Church, and persons associated with entity of any liability against personal losses of you/your child. Please read the following statement and sign below.

I / We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of the student named above, a minor, and have given our consent for him / her to attend the Youth events with Our Father's Lutheran Church. I / We understand that there are inherent risks involved in any event, and I / we hereby release Our Father's Lutheran Church, their employees, their agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement with the Event. In the event that he / she is injured while attending Confirmation activities and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which is a physician and/or hospital personal refuses to administer without my / our consent, I / we hereby authorize the Pastor, Minister to Youth and Young Adults, or another adult leader designated by him / her, to give consent for me / us, and I / we agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medial care not be reimbursed by the health insurance provider. Further, I / we affirm that the health insurance information provided above is accurate at this date and will, to the best of my best knowledge, still be in force for the student named above at the time of the Event.

Parent/Guardian Signature _____ Date _____

Note: Guns, knives, alcohol products, tobacco products, illegal drugs or other harmful substances that may be harmful to your child or others are strictly forbidden at any Church events.