

Bethel Lutheran Church Release and Medical Consent Form

Name of Participant (please print) _____

Name of Parent(s) or legal guardian(s) _____

Liability Release Agreement

I(we) understand that there are inherent risks involved in any event, and I(we) hereby release Bethel Lutheran Church, its staff and volunteers from any and all liability due to any injury, loss or damage to person or property that may occur during the course of our involvement with Bethel Lutheran Church, 312 Wisconsin Avenue, Madison, WI 53703. (608-257-3577)

Transportation Home Agreement

I(we) understand that any behavior unbecoming of Christian youth is grounds for the restriction or dismissal from the youth activity. If the participant named above is dismissed from the youth event, I(we) will be responsible for transportation home.

Medical Release Agreement

I(we), the undersigned, am(are) the parent(s) or guardian(s) having legal custody of the above named participant, a minor. I(we) give our consent for him(her) to attend various youth event(s) operated by Bethel Lutheran Church of Madison, WI. In the event that he(she) is injured while attending an event, and requires the attention of a doctor, I(we) consent to any reasonable medical treatment deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without our consent, I(we) hereby authorize _____, the lead adult of the group, or a member of Bethel Lutheran Church staff to give such consent for us if I(we) cannot immediately be reached by phone at one of the numbers listed below, or if because of an emergency, there is not time or opportunity to make a phone call. In the event it becomes necessary for that person to give consent for me(us), I(we) agree to hold such person 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 I(we) will be ultimately responsible for the cost of any medical care should the cost of that care not be reimbursed by the health insurance carrier. Further, I(we) affirm that the health insurance information provided below is accurate as of this date and will, to the best of my(our) knowledge, still be in force for the participant named above.

Full Name _____ Date of Birth _____

Home Address _____

Home Phone _____ Cell Phone _____

Family Email Address _____

Date of last Tetanus Shot _____ Known Allergies _____

Does participant carry medication on their person? (if none, so state; if yes, specify what it is)

Current Medications or Health Conditions _____

Emergency Contact Information

1. _____

Relationship to participant _____

Home Phone _____

Work Phone _____

Cell Phone _____

2. _____

Relationship to participant _____

Home Phone _____

Work Phone _____

Cell Phone _____

Insurance Information – *if this section is left blank, it implies the participant is uninsured, and all necessary medical expense will be the responsibility of the undersigned. Bethel Lutheran Church event leaders will be only the party of conveyance.*

Name of health insurance company _____

Health insurance policy number _____

Phone/address of health insurance company _____

Policy holder's phone number _____

Family Physician _____ Phone _____

Participation at a Bethel Lutheran Church event is contingent upon compliance with all the policies stated on the previous page: Liability Release, Transport Home, and Medical Release.

Parent/Guardian (1) (Print) _____

Signature _____ Date _____

Parent/Guardian (2) (Print) _____

Signature _____ Date _____