

**Medical Waiver  
Youth Participants**

Name of Child (please print) \_\_\_\_\_

Parent(s) and/or legal guardian(s) of child participant

\_\_\_\_\_

School \_\_\_\_\_ GRADE \_\_\_\_\_

DATE \_\_\_\_\_

**Functions and Activities**

It is my understanding that participating in the programs and recreational and other activities of ST. MICHAEL'S LUTHERAN SCHOOL AND CHURCH is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

**Release of Liability**

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release ST. MICHAEL'S LUTHERAN SCHOOL AND CHURCH and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall exclude any gross claims of negligence. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against ST. MICHAEL'S LUTHERAN SCHOOL AND CHURCH or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless ST. MICHAEL'S LUTHERAN SCHOOL AND CHURCH and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

**First Aid and Emergency Medical Treatment**

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of ST. MICHAEL'S LUTHERAN SCHOOL AND CHURCH to seek and secure any needed medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

**Health Insurance Information**

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Medical Doctor \_\_\_\_\_

Phone number \_\_\_\_\_

**Emergency Contacts**

Names of persons and telephone numbers to call in case of emergency:

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Medical History**

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

**Other Information**

Other information leaders should know about the child or adult participant:

**Authorization for Media Release**

ST. MICHAEL’S LUTHERAN SCHOOL AND CHURCH may post a photograph and/or video of my child on the church’s website or use a photograph of my child in their publications. I understand that photos will not be labeled with names.

I ask that ST. MICHAEL’S LUTHERAN SCHOOL AND CHURCH not post photographs and/or videos of my child on the church’s website or use a photograph of my child in their publications

Signature of Parent or Legal Guardian

\_\_\_\_\_

Date \_\_\_\_\_

Signature of youth \_\_\_\_\_

Date \_\_\_\_\_