

# Medical-Liability Release Form

(Updated January 2023)

Faith Lutheran Church, 310 Medayto Drive, Spicer, MN 56288  
Peace Lutheran Church, 100 4<sup>th</sup> Ave SW, New London, MN 56273

In consideration for being accepted by Faith Lutheran Church and/or Peace Lutheran Church for participation in the event(s) described below, we/I, being 21 years of age or older, do for ourselves (myself) or release, forever discharge and agree to hold harmless Faith Lutheran Church (FLC), Spicer, MN and Peace Lutheran Church (PLC) and their Officers, Employees and Agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned and the child participants while participating in the event(s) listed below.

Furthermore, we/I (and on behalf of child participants under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in any activities arising under and associated with said event. Further, authorization and permission is hereby given to Faith Lutheran Church and/or Peace Lutheran Church. to furnish any necessary transportation, food and lodging for this participant.

The Undersigned further agrees to hold harmless and indemnify Faith Lutheran and Peace Lutheran Churches and their Officers, Employees and Agents, for any liability incurred by said Churches as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

If the participant has not yet attained the age of 21 years: We/I, parent(s) or legal guardian(s) of this participant hereby grant our/my permission for my/our child to participate fully in said event, and hereby give our/my permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility for all medical bills and expenses. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise; we/I as parent/guardian agree to pay all transportation costs.

This SIGNED form is good for \_\_\_\_\_

the full year of 2023.      Participant's Signature (Note: Participants over the age of 21 years may sign for themselves)

\_\_\_\_\_  
Mother's/Guardian's Signature\*

\_\_\_\_\_  
Father's/Guardian Signature\*

\*NOTE: Both parents are advised to sign, as they are able. If parents are separated or divorced, custodial parent must sign.

# Health History

Faith Lutheran Church, 310 Medayto Drive, Spicer, MN 56288  
Peace Lutheran Church, 100 4th Ave SW, New London, MN 56273

Please complete both pages. This form is to be filled for each person (students AND adults) who partake in FLC and PLC offsite trips. It is valid on file for one calendar year. This form is CONFIDENTIAL and will only be viewed by FLC and PLC Staff, those who administer medications on trips, and (if necessary) medical staff.

Legal Name (Last, First, Middle Initial): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M F Age: \_\_\_\_\_

## Legal Guardian and Emergency Contact Information:

1<sup>st</sup> Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2<sup>nd</sup> Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Insurance:

Does your family carry health insurance: Y N If so, please complete applicable information:

Company Name: \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

Individual Who Carries Coverage: \_\_\_\_\_

## History

(Please check each appropriate line and offer any additional information as needed)

\_\_\_\_\_ Frequent Ear Infections    \_\_\_\_\_ Heart Defect/Disease    \_\_\_\_\_ Convulsions/Seizures

\_\_\_\_\_ Diabetes    \_\_\_\_\_ Bleeding/Clotting Disorder    \_\_\_\_\_ Hypertension

\_\_\_\_\_ Mononucleosis    \_\_\_\_\_ Psychiatric Treatment

### Diseases

\_\_\_\_\_ Chicken Pox/Shingles    \_\_\_\_\_ Measles    \_\_\_\_\_ German Measles    \_\_\_\_\_ Mumps

### Allergies:

\_\_\_\_\_ Hay Fever    \_\_\_\_\_ Poison Ivy    \_\_\_\_\_ Insect Stings    Other(i.e Food):

\_\_\_\_\_ Sulfa Drugs    \_\_\_\_\_ Asthma    \_\_\_\_\_ Penicillin

**Medications:** Please list all prescribed and Over the Counter medications the student will be self-administering on trips and the reason for taking.

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### Consent for Medical Administration:

This section includes a list of the medication that a member of FLC and PLC staff will carry on trip and is allowed to administer under medical direction. Please **CIRCLE** those medications that you would allow a staff member or volunteer of FLC and PLC staff to administer to your student, if needed, and then sign below. If you do not circle a medication, you will be contacted before the medication is administered.

Ibuprofen (Advil/Motrin)	Calamine Lotion	Sudafed	Robitussin DM
Antiseptic Ointment	Pepto-Bismol	Acetaminophen(Tylenol)	
Benadryl	Cough Drops	Hydrocortisone Cream	
Aloe Vera	Tums	Burn Cream	

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

### Parent or Legal Guardian Authorization

This health history is correct so far as I know, and the person described has permission to engage in all activities, except as noted by me and/or examining physician. **Authorized for Treatment:** I hereby give my permission for the medical staff selected by an FLC and/or PLC staff member to order X-rays, routine tests, treatment, and necessary transportation for me or my child. In the event that I cannot be reached in an emergency, I hereby give my permission to the physician selected by an FLC and PLC staff member to secure and administer treatment, including hospitalization, for my child as named above. The completed form may be photocopied for trips that leave Faith and Peace Lutheran Churches.

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

## Media Release Statement

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I (parent/guardian), \_\_\_\_\_, Hereby authorize Faith Lutheran Church (FLC) and Peace Lutheran Church (PLC) to release information, photographic or video images of me or my child on its social media and to publish in any of its internal or external publications regarding my achievements, contributions and participation in programs or services administered by FLC and PLC or their partners. I understand the contents of this news release, story, article or photographic or video image and that my signature on this release form amounts to a waiver and release of any claim against FLC and PLC, their agents or employees arising from this news release, story, article or photographic or video image. I declare that if I am signing for a minor that I am the Parent or Legal Guardian of the child. This release shall bind my heirs and assigns.

STUDENT NAME (Please Print): \_\_\_\_\_

SIGNATURE (Parent or Guardian of Minor): \_\_\_\_\_

DATE: \_\_\_\_\_