

# Medical Release and Permission Form for Grace Lutheran Church

Return to Grace Lutheran Church, ATTN: VBS 3010 52<sup>nd</sup> Street Des Moines IA 50310 (515) 276-6873

**Effective Dates: June 1, 2017 - May 31, 2018**

***Please print in ink.***

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Male/Female Year in School or if summer, just finished: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Male/Female Year in School or if summer, just finished: \_\_\_\_\_

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Male/Female Year in School or if summer, just finished: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Male/Female Year in School or if summer, just finished: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Children's Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Children's Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, handicap, disability, or condition to which your child is subject and of which the staff should be aware; and what if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for each child. If necessary, add another page with details.

For each child, list whether each is a good swimmer, fair swimmer or non-swimmer.

\_\_\_\_\_

For each child, list his/her allergies to pollen, medications, foods, insect bites or other allergies.

\_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot for each child:

\_\_\_\_\_

Do any of your children listed wear glasses or contact lenses? Please list.

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Do any of your children listed suffer from, or has ever experienced, or is being treated currently for any of the following: asthma, epilepsy, seizure disorder, heart trouble, frequently upset stomach, physical handicap, diabetes. If so, please list:

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Other conditions or illness(es) your child(ren) has/have that we should know:

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Should any of your children's activities be restricted for any reason? Please explain.

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For your information, we expect each child to conform to these rules of conduct:

- No possession or use of alcohol, drugs or tobacco
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules and rules

***Students who fail to comply with these expectations may be sent home at their parents'/guardians' expense.***

I, the student, have read the rules of conduct, the above evaluation of my health and permission to participate in your activities. I agree to abide by the stated personal limitations and code of conduct.  
*(student signature for grades K-5 only)*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, swimming, basketball, roller skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, bowling. Note: if you desire to limit your child's participation in any event, please submit your wishes in writing to the church and adults in charge of an event ahead of time. If an event needs special release forms signed by parents those forms will be available before the event to be reviewed and signed.

\_\_\_\_\_ has/have my permission to attend all youth  
(Names of children)  
activities sponsored by Grace Lutheran Church from **June 1, 2017 - May 31, 2018**

***This consent form gives permission to seek whatever medical attention is deemed necessary and releases the church and its staff of any liability against personal losses of named child(ren).***

I/We the undersigned have legal custody of the student(s) named above and give our consent for him/her/them to attend events being organized through the church and to engage in all prescribed camp activities except as noted. I/We give permission for forms to be copied for activities occurring off of church property. The information provided on this form is accurate to the best of my knowledge, and I have indicated any special health conditions, including required medication and activity limitations which should be known to the staff and medical personnel. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, 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(ren)'s involvement. I/We understand that the church has limited healthcare on site and that the staff will call the indicated parent/guardian when necessary. In the event that I/we cannot be reached in an emergency, I/we consent to any reasonable medical treatment and transportation as deemed necessary by medical personnel. In the event treatment is required from a physician and/or hospital personnel who are designated by the church, 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. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of the medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at the date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child(ren) home at my/our expense should they become ill or if deemed necessary by the approved adult chaperones.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby consent to my child being interviewed, photographed or videotaped by representatives of Grace Lutheran for use in advertising, publicity or educational activities including, but not limited to, church participation and/or videos, print and television broadcasts, news and church websites. I hereby waive any claims I may have and release the church and its employees from any liability or claims arising out of such activities.

Parent/guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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