

Gloria Dei Lutheran Church

Student Consent and Release Form 2018-2019 School Year

Note to Parent/Guardian: We want all of our mission trips, retreats, and events to be safe and healthy ones. However, in the event of an accident or illness, it is important that we have the following information.

Name of Student _____ Birth Date _____ Sex _____
School _____ Grade _____
Home Address _____ City _____ State _____ Zip _____
Home Phone _____ Student Cell Phone _____
Father's Name _____ Email _____
Father's Work Phone _____ Father's Cell Phone _____
Mother's Name _____ Email _____
Mother's Work Phone _____ Mother's Cell Phone _____
Emergency Contact Name _____ Relationship _____
Home Phone _____ Cell Phone _____
Second Emergency Contact Name _____ Relationship _____
Home Phone _____ Cell Phone _____

Accident Coverage

Health Insurance Company Name _____
Group Name _____ Policy # _____
Insurance Company Address _____
Primary Physician Name _____ Phone Number _____
Medical History _____ Allergies _____
Current Prescription Medications _____
Current Nonprescription Medications _____
Dietary Restrictions _____
Last Tetanus Immunization _____
Additional Health Information / Activities to be Limited _____

Authorization for Treatment / Acknowledgement of Inherent Risk

This information is correct as far as I know, and the person herein described has permission to engage in all Student Life related activities except as noted. I hereby give permission to the medical personnel selected by the Family Ministries Staff of Gloria Dei Lutheran Church to order X-rays, routine tests, treatment; to maintain and/or release any medical records necessary for insurance purposes; and to provide or arrange necessary related transportation for me or my child. In an emergency, I hereby give permission and authorize the physician selected by Gloria Dei to secure or administer emergency medical treatment, including hospitalization and any other emergency medical procedures which may be needed for the person named above. I authorize the physician or dentist to call in any necessary consultants in his/her discretion. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise their best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. I agree to remain fully liable and responsible for the payment of any such hospital, doctor, ambulance, dental or medical fees. I further agree that in giving this permission and authorization, Gloria Dei Lutheran Church and the Family Ministries Staff do not assume any responsibility or liability for the payment of such hospital, doctor, ambulance, dental or other medical fees which may be incurred. The completed forms may be photocopied and maintained by authorized personnel. This form, both front and back, is valid by my permission through August 31, 2019.

Signature of Parent / Guardian _____ Date _____

Release of Liability

I understand that the Sunday activities at Gloria Dei for which this Liability and Activity Release Form is being given is described as follows: Events and activities in and around Gloria Dei Lutheran Church for students and their adult leaders held on Sundays throughout the year. These events may include Bible studies, group activities, work projects, recreational activities, fellowship and learning activities. I hereby consent to participation of my child in the above-described events. I have read the informational materials regarding the planned activities. I am aware that in addition to activities such as Bible study, worship, sight-seeing, using public transportation, and meal functions, the participant also may choose to participate in various recreational sports activities or work projects that may involve additional risks, such as: jumping, running or other physical movements during sports activities; or using tools or ladders or other equipment while taking part in work projects. I understand that I have a duty to provide primary accident and medical insurance for my child and I declare that my child is covered by primary accident and medical insurance.

FURTHERMORE, I DO HEREBY EXPRESSLY STIPULATE, AND AGREE TO INDEMNIFY AND HOLD FOREVER HARMLESS THE LUTHERAN CHURCH – MISSOURI SYNOD, LCMS TEXAS DISTRICT, AND GLORIA DEI LUTHERAN CHURCH, ITS AGENTS AND SERVANTS, SUCCESSORS AND ASSIGNS, DIRECTORS, TRUSTEES, OFFICERS, EMPLOYEES, AND OTHER REPRESENTATIVES AGAINST LOSS FROM ANY AND ALL PRESENT OR FUTURE CLAIMS, DEMANDS OR ACTIONS IN LAW OR IN EQUITY THAT MAY HEREAFTER BE MADE OR BROUGHT BY ME OR MY CHILD, BY ANYONE ON BEHALF OF ME OR MY CHILD, OR BY ANYONE ELSE ON THEIR OWN BEHALF FOR DAMAGES OR ANY OTHER LEGAL OR EQUITABLE REMEDY ON ACCOUNT OF ANY INJURY, ILLNESS, PHYSICAL CONDITION, INCONVENIENCE OR LOSS SUSTAINED BY ME OR MY CHILD DURING THE EVENT OR TRAVEL TO AND FROM THE SAME.

I have read this release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against THE LUTHERAN CHURCH – MISSOURI SYNOD, LCMS TEXAS DISTRICT, AND GLORIA DEI LUTHERAN CHURCH and the officers, directors, employees, volunteers, and agents of each of them is knowingly given up in return for allowing my (or my minor child’s) participation in the activity. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

Signature of Parent / Guardian _____ **Date** _____

Media Consent

I hereby grant permission to the Family Ministry Staff of Gloria Dei Lutheran Church the right to take, use, reproduce, and/or distribute photographs, films, video, and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Family Ministries.

Signature of Parent / Guardian _____ **Date** _____

Deposits as Binding

I understand that all payments made for Family Ministry sponsored events are non-refundable. I also understand and acknowledge that by paying a deposit I am making a reservation and committing to paying the total cost of the trip or event.

Signature of Parent / Guardian _____ **Date** _____

Parent Covenant

Family Ministries leadership reserves the right to send any student home, at the expense of the parent or guardian, in the event that a serious behavioral incident occurs on any trip or activity. The leadership team will assess the situation, make a decision, call the parent and give options to what action will then take place. Examples may include, but are not limited to, fighting, drug or alcohol use, sexual activity, vandalism, violent behavior, and disobedient behavior.

Signature of Parent / Guardian _____ **Date** _____

Minor Medical Care

During Family Ministries sponsored trips or activities it’s inevitable that students have minor health and first aid issues. I hereby give permission for Family Ministries Staff and its agents to administer the following over the counter medication and/or first aid to my child (please check all that apply).

- | | | | | |
|---|--|--------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cold Medicine | <input type="checkbox"/> Tums | <input type="checkbox"/> First Aid | <input type="checkbox"/> Caladryl (Itching) |
| <input type="checkbox"/> Cough Medicine | <input type="checkbox"/> Sunscreen | <input type="checkbox"/> Cough Drops | <input type="checkbox"/> Zyrtec | <input type="checkbox"/> Anti-Itch Cream |
| <input type="checkbox"/> Pepto-Bismol | <input type="checkbox"/> Tylenol | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Imodium AD | |

Signature of Parent / Guardian _____ **Date** _____

