

ST. LUKE CHURCH AND SCHOOL YOUTH CONSENT AND LIABILITY WAIVER

St. Luke Church and School ♦ 330 Hannahstown Road ♦ Cabot, PA 16023

Effective August 1, 2010 to August 31, 2011

Each participant in St. Luke Lutheran Church and School Youth activities must complete all spaces on the Consent and Liability Waiver, the Medical Release Form, and Emergency Medical Information Form. A parent or guardian of each participant under 21 years old must also sign.

Participant Name _____

Birth Date _____ Male _____ Female _____

Home Address _____

City/State/Zip _____ Home Phone _____ Work _____

Parent/Guardian Name: _____
(if participant is under 21 years of age)

I understand that I have a duty to provide accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance. I assume all responsibility and liability for injury to myself (or my child).

Health Plan Carrier: _____

Policy # _____ Insurance Agent Phone _____

Policy Holder's Name _____

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of the participant? If so, please specify: _____

Participants will be covered by a limited medical expense policy (Church Mutual Insurance Co.) that provides reimbursement up to a minimal dollar amount for medical expenses incurred as the result of injuries sustained to the participant while engaging in church youth activities. This coverage is secondary to all other insurance coverage available to the participant.

I (parent/guardian) give my consent for my child to participate in St. Luke Church and School Youth activities, including provided transportation. I understand that the *Consent and Liability Waiver* applies to all youth ministry activities sponsored by: **St. Luke Church and School, 330 Hannahstown Road, Cabot, PA 16023.**

Signature of person responsible for youth participant

Date

ST. LUKE CHURCH AND SCHOOL YOUTH MEDICAL RELEASE

St. Luke Church and School ♦ 330 Hannahstown Road ♦ Cabot, PA 16023

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Name: _____ Birth date: _____

Address: _____

City, State, Zip: _____ Phone: _____

Parent/Guardian: _____ Work Phone: _____

_____ Work Phone: _____

Emergency Contact: _____

Emergency Phone: _____ Relation to Contact: _____

Family Doctor: _____ Phone: _____

Dentist/Orthodontist: _____ Phone: _____

Insurance Plan Carrier: _____ Ins. ID#: _____

Please fill out the Emergency Medical Information form regarding your child's health so that we might be informed of important health issues in case of an emergency.

(I) (We), the undersigned parent(s) and/or natural guardians(s) of _____, a minor, do hereby authorize my child's youth leaders to (1) consent to medical, surgical and dental care for such minor child, (2) consent to any diagnostic tests, medical, surgical or dental procedure of treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, nurses and other health care personnel as may be deemed necessary for such minor child, admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery or care and sign all necessary consents and authorizations, and (3) consent to transportation provided.

I understand that an attempt will be made to notify the parent(s)/guardian(s) first. If parent(s)/guardians(s) are not available, however, the above authorizations will take place.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

EMERGENCY MEDICAL INFORMATION FORM

General: Does participant have: (if "yes" explain)

Yes No Allergies? _____
 Yes No Heart Condition? _____
 Yes No Other? _____

Is participant subject to: (if "yes" explain)

Yes No Headaches? _____
 Yes No Seizures? _____
 Yes No Motion Sickness? _____
 Yes No Fainting? _____
 Yes No Sleep Walking? _____
 Yes No Upset Stomach? _____
 Yes No Other? _____

Does participant have reaction to: (if "yes" explain)

Yes No Bee Sting? _____
 Yes No Penicillin? _____
 Yes No Other Drugs? _____
 Yes No Poison Ivy, Oak, Sumac? _____
 Yes No Other? _____
 Yes No Has the participant had any serious illness or surgery within the past ten years?
 Yes No Does the participant have any condition that would prevent him/her from participating in any activities? Please list:

 Yes No Are any drugs ineffective in treatment? _____
 Yes No Is the participant diabetic? _____
 Yes No Does the participant have any sight or hearing impairment?
 Yes No Does the participant wear contact lenses?

Date of last tetanus shot: _____

Note: For some activities a current tetanus shot may be required.

Please indicate ANYTHING else that leaders should know to help avoid or deal with any situation that might arise, including any medications that the youth takes on a regular basis:

