

Medical Information

**Valid for Any/All Events Sponsored by Zion Lutheran Church from 9/1/2016-8/31/2017
Please Include A Photo Copy of the Front & Back of Insurance Card!**

The following information is provided for any licensed physician, dentist, or hospital not having access to our (my) child's/ward's medical history

Name of Participant _____ Birthdate ____/____/____

Phone Number(s) _____

Home Address _____

Medication Allergies _____

Food & Other Allergies _____ Date of last Tetanus shot ____/____/____

Family Physician _____ Phone (____) _____

Family Dentist _____ Phone (____) _____

Medication(s) currently being taken

Medical Insurance Company _____

Address _____

Insurance ID number _____ Group Number _____

Description of any limitations or restrictions on events/activities _____

Permissions & Liability Release

I have requested that Zion Lutheran Church register my child/ward, as named above, in events/activities sponsored by Zion Lutheran. As a condition of participating event/activity, I, the undersigned, do hereby agree on behalf of my child/ward, as named above, to the following:

Known & Unknown Risks

I understand that my child's/ward's presence at and participation in this event/activity presents varying degrees of certain risks—some of which are unknown—which may arise from a condition of the premises at which the event/activity is held; from an action of any person in connection with the conduct of any planned or unplanned activity; or from other unforeseen elements.

While it is understood that event/activity are fully supervised by volunteers whose goal it is to make every experience as safe as possible, I acknowledge that such known and unknown risks exist, I understand that my child/ward may incur personal injury or property damage while attending event/activity, and I fully and willingly agree to assume all risks associated with these activities on behalf of my child/ward.

Medical Release

I consent to first aid and emergency medical care for my child/ward and authorize, if necessary, admission to a hospital for treatment of injuries that my child/ward could sustain while participating in this program.

I understand that I am responsible for any and all medical expenses that may be incurred by my child/ward, including emergency medical transport, as a result of any accident or illness while participating in the program.

I give permission for Zion Lutheran Church staff/volunteers to provide transportation or arrange for transportation through Emergency Medical Services, if needed, for my child/ward for medical care.

Publicity Release

I agree to allow the use of my child's/ward's photos, quotes and/or likeness' in brochures, ads, web pages, video tape and other media as deemed useful for marketing and memory purposes. I waive rights to any royalty or fees that might be applicable for the use of such images, quotes or likeness'.

Name (please print) _____

Signature _____ Date ____/____/____