

LUTHERAN CHURCH OF THE RESURRECTION
Youth Activities Waiver
&
Emergency Medical Form

I hereby authorize my child, _____, to participate in LCR Church activities and to make incidental stops en route when determined to be reasonably necessary or desirable. In consideration of the benefits and opportunities afforded my child during his/her participation in these youth activities I hereby agree as follows:

1. I authorize church representatives (including, but not limited to chaperones and adult leaders) to obtain medical treatment for my child in the event of injury or illness and I agree to be solely responsible for and to pay for any expenses incurred for such treatment. This authorization extends to any and all medical treatments, services, procedures, hospitalizations, emergency room care, anesthesia, surgery, injections, and medications that I myself would be able to legally authorize for my own child if I were present.
2. I understand that participation in youth activities involves a certain degree of risk of injury or death. I understand that my child's participation in LCR youth activities is entirely voluntary. I have chosen to allow my child to attend LCR youth activities after careful consideration of the benefits and risks associated therewith. I agree that my child assumes the entire risk of such participation.
3. I hereby waive all claims that I may have against the Lutheran Church of the Resurrection, and its Pastors, Council and Committee member, employees, adult leaders, supervisors, and chaperones in connection with any harm, injury, claim, or cause of action of whatsoever nature and kind arising out of my child's participation in LCR youth activities.
4. In case of needed medical treatment, I understand that every reasonable effort will be made to contact me. In the event that I cannot be reached immediately then this document shall act as my authorization for medical treatment for my child as described above.
5. In the event that my child should develop a minor headache, muscle ache, or other non-emergency pain or discomfort and he or she requests the administration of a non-prescription analgesic from an LCR adult supervisor, leader, or chaperone, I hereby give my permission for any of following **circled** non-prescription analgesics to be administered:

ADVIL/MOTRIN

TYLENOL

I direct that the manufacturer's recommended dosage as printed on the container be followed.

OR

I do not direct that the manufacturer's recommended dosage be followed. Instead I direct that the following dosage instructions be applied: (Please print clearly) _____

PLEASE NOTE: PARENT/GUARDIAN SIGNATURE LINE AND EMERGENCY MEDICAL INFORMATION APPEARS ON THE REVERSE SIDE OF THIS DOCUMENT. NO CHILD WILL BE PERMITTED TO ATTEND LCR YOUTH ACTIVITIES UNLESS THIS DOCUMENT IS SIGNED.

I hereby certify that I am the parent or legal guardian for the child named on the reverse side hereof, and that I have the legal authority to sign this document granting permission and waiving liability on behalf of my child.

This document shall remain in full force and effect from the date hereof until revoked by me, in writing, with such revocation being served upon an authorized representative of LCR, or until my child is emancipated.

Signature of Parent or Legal Guardian

Date

LUTHERAN CHURCH OF THE RESURRECTION

Emergency Medical Information

Primary Care Physician: _____ Physician's telephone number: _____

Medical Insurance Company: _____ Policy number: _____

Parents' telephone numbers: (Mom) Home: _____ Work: _____ Cell: _____

(Dad) Home: _____ Work: _____ Cell: _____

If Not Available, in Emergency Call or Notify:

Name: _____ Relationship: _____

Address: _____ Phone: _____

Child's allergies or sensitivities: _____

Child's medications, if any (please clearly print instructions): _____

____ My child will carry and dispense his own medications.

____ I request that an adult leader carry and dispense my child's medications.

MEDIC ALERT: (describe any medical condition or special circumstance concerning your child that would be helpful for medical personnel to know): _____

Last Tetanus Injection: (date) _____

LCR consent/revised 2/12/01

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Family Information

Child's Name: _____ Age: _____ Grade _____

Date of Birth: _____ Gender: _____

Parent(s) or Guardian Name: _____

Address _____ City _____ Zip _____

E-mail address: _____

Brothers and/or Sisters

_____ Older/Younger

_____ Older/Younger

_____ Older/Younger