

LIGHT OF CHRIST LUTHERAN CHURCH

STUDENT MINISTRIES LIABILITY AND MEDICAL RELEASE FORM

VALID ONE YEAR FROM DATE SIGNED

Required for all 2nd through 12th grade students attending any Church youth event.

Please check the appropriate category: (One form for each child in your family. Thanks!)

CREW 2nd-5th **Middle School 5th-8th grade** **High School 9th-12th**

Please print in ink

Name: _____
LAST FIRST MIDDLE AGE BIRTHDATE (xx/xx/xxxx)

Male Female _____
GRADE NAME OF SCHOOL

STUDENT CELL NUMBER (IF ANY) FAMILY/HOME PHONE STUDENT EMAIL: _____

STREET ADDRESS CITY STATE ZIP

Medical insurance company: _____ Policy # _____

Mother's name: _____ Email _____ Cell _____

Father's name: _____ Email _____ Cell _____

Emergency Contact: _____ Relationship _____ Cell _____

Photo Release

I grant to LOCLC, its representatives and employees the right to take photographs of my child in connection with the above-identified subject. I authorize LOCLC to use and publish the same in print and/or electronically. I agree that LOCLC may use such photographs for any lawful purpose, including for example, such purposes as publicity, advertising, and Web content.

Medical History

Physician: _____ Office phone _____

Dentist: _____ Office phone _____

ALLERGIES (Including food): _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, 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 this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer
2. Does your child have allergies to—
 pollens medications food insect bites

Please Specify

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap Other _____

4. Date of last tetanus shot (DTaP): _____

5. Does your child wear glasses contact lenses

6. Other information regarding my child's health that the DCE or doctor should know

7. Any medication taken by the Student: _____

Should this child's activities be restricted for any reason? Please explain:

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

- | | |
|--|--|
| No possession or use of alcohol, drugs, or tobacco | No students can drive |
| No personal electronic equipment | 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 | |
| Cell phone usage will be determined on an event by event basis by the DCE and adult leaders. | |
| No boys in girls' sleeping quarters and no girls in boys' sleeping quarters | |

Students who fail to comply with these expectations may be sent home at their parents' expense and may jeopardize student's involvement with future events.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church DCE prior to that event.

NAME OF STUDENT _____ has my permission to attend all youth activities.

Parent signature: _____ Date: _____