

Bethlehem Lutheran Church

Medical Release and Permission Form

(yearly form for on-campus activities, retreats, trips & camps)

Year: _____



****Office Use****

Date received: _____

Insurance card: yes / no

Name of Participant: _____

Grade Entering: _____ Birth Date: ____ / ____ / ____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____ Phone: _____

Relation: _____ Email: _____

Parent/Guardian Name: _____ Phone: _____

Relation: _____ Email: _____

Emergency Contact: *(in the event that parents/guardians cannot be reached; must be 18 or older)*

Name: _____ Relation: _____ Phone Number: _____

Please indicate below any medical need the youth staff should be aware of:

- Allergies (*medications, food, animals...*): _____
- Other medical notes (*asthma, diabetes, anemia...*): _____
- Any physical restrictions (*broken bones, personality changes, mood swings, depression...*)

- Any dietary restrictions (*gluten/lactose intolerant, vegetarian*): _____
- IEP's (*if applicable*): _____

Please list the date of the last tetanus shot: _____ (*mm/yyyy*)

IMPORTANT: Hospitals require front and back copies of your insurance card. PLEASE attach!!

Medications:

Please complete the following section for your child. The following over-the-counter medications will be provided by Bethlehem in our medical bag. We will be happy to dispense any over-the-counter medications to your child AS NEEDED with your permission. If your child requires a different medication, there will be a separate form that must be completed at the time of each event.

Over-the-Counter Medications

Please check any OTC medication that your child has permission to take. It will be administered by an adult, as needed and only for the appropriate symptoms according to the directions stated on the medication.

- Tylenol (pain/fever)
- Ibuprofen (pain/fever)
- Tums (indigestion)
- Benadryl (allergy/antihistamine)
- Sudafed (decongestant)
- Dramamine (motion/car sickness)
- Cough/Cold/Sore throat lozenges
- Calamine Lotion (anti itch cream)
- Hydrocortisone Cream (anti itch cream)

Prescription Medication

Please indicate if your child has any immediate response medications that they will carry on them such as an inhaler or epi-pen.

PHOTO RELEASE

By virtue of my child's participation in activities at Bethlehem Lutheran Church, I understand that still or moving images may be taken of my child by delegated photographers of Bethlehem for various publications and Website usage by Bethlehem.

_____ I do give my permission to Bethlehem to use my child's image.

_____ I do not wish for my child's image to be used.

Parent or Guardian Signature: _____ Date: _____

Student Expectations/Covenant:

To ensure an outstanding Christian experience for everyone, we ask that your child read and adhere to the following expectations:

- I understand that possession or use of drugs, alcohol or tobacco and inappropriate physical activity will not be tolerated.
- I will actively participate in all group activities in small and large group events and not let my personal electronics hinder my participation.
- I will respect group leaders, adults, peers, and the facilities at all times.
- I will not possess potentially harmful or dangerous weapons.
- I will have a positive attitude toward activities and each other.

I have read the expectations and I agree to abide by them. I understand that any behavior that breaks any expectations may result in disciplinary action, which may include not being able to continue in the event or being sent home at my parent's expense.

Student Signature: _____ Date: _____

Authorizations:

Medical Release:

In the event a medical emergency arises and I or my emergency contact cannot be reached by phone, I authorize Bethlehem Lutheran Church and its agents to secure proper medical treatment, x-ray examination, anesthetic, injection, medical-surgical diagnosis or treatment, and hospital care which deemed by, and is to be rendered under the supervision of a legally recognized and licensed physician. I also understand that all over-the-counter medications listed on the front of this sheet that I have checked can be administered by an adult staff member/mentor to my child as needed. **PLEASE CHECK MEDICATIONS ON THE FRONT OF THIS FORM.**

Parent Permission:

I give permission of our son/daughter to participate in the programs and activities of the Youth Ministries of Bethlehem Lutheran Church. Except for any limitations listed by me, my child is healthy and fit to participate in these events.

Off-Campus Permission: *(for high school students only)*

I give permission for my child to leave the Bethlehem Campus with the Bethlehem High School Youth Ministry to drive with an adult mentor to various events this year. I release Bethlehem Lutheran Church of all liability and give permission for my child to participate in these events.

Parent or Guardian Signature: _____ Date: _____

Health Insurance Information:

Health/Medical Insurance Company: _____

Policy Number: _____ Phone Number: _____

****Please attach a front and back copy of your insurance card****

This release shall remain effective for one year unless sooner revokes in writing and delivered to:
Bethlehem Lutheran Church, 1145 N Fifth Ave, PO BOX 3850, St Charles, IL 60174