

Medical Release and Consent Form

Joy Lutheran Church
10111 E. Eagle River Loop Road
Eagle River, AK 99577 | (907) 694-9601

ALL INFORMATION IS CONSIDERED CONFIDENTIAL AND WILL NOT BE SHARED
Effective dates: August 1, 2022 – July 31, 2023

STUDENT INFORMATION

Student Name: _____ Date of birth: _____
Student Home Address: _____
Student Year in School: _____
Student Cellphone (if applicable): _____

PARENT/GUARDIAN INFORMATION

Mother / Legal Guardian Name: _____
Cellphone: _____ Home Phone: _____
Work Phone: _____

Father / Legal Guardian Name: _____
Cellphone: _____ Home Phone: _____
Work Phone: _____

Alternative Emergency Contact Name: _____
Cellphone: _____ Home Phone: _____
Work Phone: _____

MEDICAL INFORMATION

Physician Name: _____ Office Phone: _____
Dentist Name: _____ Office Phone: _____
Health Insurance Provider: _____ Policy #: _____

Medical History

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. Does your child have allergies to – (list specifics)

pollens medications food insect bites

Other: _____

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following (list any chronic illnesses here):
 - asthma
 - epilepsy/seizure disorder
 - heart trouble
 - diabetes
 - frequently upset stomach
 - Other:
3. Date of last tetanus shot:
4. Please list any current medications your child is taking, as well as instructions of dosage, etc.
5. Please list and/or explain any major illnesses your child experienced during the last year, or of any other medical issues we might encounter or need to be aware of (including menstrual issues, etc.).
6. Should your child's activities be restricted for any reason? Please explain:

CONSENT FROM PARENT/LEGAL GUARDIAN

I, _____, hereby give my permission for _____ to attend all youth activities
(Name of Legal Guardian) *(Name of Student)*
 at Joy Lutheran Church (hereinafter the "Church").

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We, the undersigned, have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she/they is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should he/she/they become ill or if deemed necessary by the student ministries staff member.

I consent to the use of any photograph or video of my child in future Joy Lutheran Church publications, videos, or web site pictures. The Church will never reveal the identity of a minor child in any publication.

Parent/Guardian Signature:

Date:

Parent/Guardian Printed Name: