

Grace Lutheran Church Youth & Family Ministry

AUTHORIZATION OF MEDICAL/DENTAL TREATMENT OF MINOR

I/We, the undersigned parent(s)/ guardian(s) of _____, a minor, do hereby authorize my child's group leader, youth counselor, or/or any other adult appointed or designated by him/her to:

- consent to medical, surgical, or dental care for such minor child
- consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child,
- on my/our behalf to employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child,
- admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care, and
- sign all necessary consents and authorizations.

I understand that an attempt will be made to notify the parent(s)/guardian(s) first. If parent(s)/guardian(s) are not available, however, the above authorizations will be in effect.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required, but it is given to provide authority to obtain such care if it should be required.

Emergency Contact

Name: _____

Relation to Child: _____ **Phone:** _____

Family Doctor: _____ **Phone:** _____

Insurance ID/Medical

Exchange#: _____

Family Dentist: _____ **Phone:** _____

I fully understand the consequences of the foregoing statements and sign this **AUTHORIZATION OF MEDICAL/DENTAL TREATMENT OF MINOR** knowingly, freely, and willingly. (A signature must appear below or your child will not be permitted to attend/participate.)

Parent/Guardian Signature _____ Date _____

**Fall 2008 – Fall 2009
Grace Lutheran Church Youth & Family Ministry**

CONSENT AND LIABILITY WAIVER

All participants in any of Grace Lutheran Church's Youth and Family Ministry events must complete the *Medical Consent and Liability Release Form*, the *Authorization for Medical and Dental Care Form*, and the *Emergency Medical Information Form*. A parent/guardian of each participant under 21 must also sign in the appropriate spaces. **Please type or print in ink!**

Participant Name: _____

Birth Date: ____/____/____

Home Address: _____

City/State/Zip: _____

Home Phone: _____

Parent/Guardian Name: _____

I understand that I have a duty to provide primary accident and medical insurance for myself (or my child) and I declare that I am (or my child is) covered by primary accident and medical insurance. I assume all responsibility and liability for injury to myself (or to my child).

Health Plan Carrier: _____

Policy Holder's Name: _____

Policy Number: _____

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of the participant? If "yes", please specify!

Grace Lutheran Church Youth & Family Ministry

CONSENT AND LIABILITY WAIVER(continued)

I give permission for my child to attend and fully participate in the activities of Grace Lutheran Church Youth & Family Ministry.

I release and forever discharge the Lutheran Church-Missouri Synod (LCMS) and Grace Lutheran Church in Columbus, Indiana, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all claims, damages and causes of actions either at law or in equity that I may have as a result of my (or my child's) participation in, attendance at, and travel to and from the youth and family activities.

Furthermore, I do hereby expressly stipulate and agree to indemnify and hold forever harmless the LCMS, and Grace Lutheran Church in Columbus, Indiana, and all other churches and organizations involved; their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present and future claims, damages, and causes of actions either at law or in equity that may hereafter be made or brought by me (or my child) during the activities, or travel to and from the activities of Grace Lutheran Church Youth & Family Ministry.

By acceptance of participation in the activities of Grace Lutheran Church Youth & Family Ministry, the undersigned agrees to the foregoing and also agrees that the LCMS, and Grace Lutheran Church in Columbus, Indiana, and all churches and organizations involved; their employees and other representatives shall not be liable for loss, damage, injury, or inconvenience caused by or resulting from the malfunction of transportation equipment, strikes, acts of war or insurrection, fire, delays, theft, itinerary/schedule changes, or cancellations.

I understand and am aware of the risks involved in any planned activities.

If any conduct warrants exclusion from participation in the activities, I assume all responsibility for disciplinary action and/or picking up my child upon being notified by the adult supervisor in charge. Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all transportation costs.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

Parent/Guardian signature Date

I also give permission for those adults listed below to pick up my children from activities without prior arrangements with Grace Ministry leaders.

EMERGENCY MEDICAL INFORMATION FORM

Does the participant have/subject to/reaction to: *(If "yes", please explain!)*

- | Yes | No | |
|-----|-----|--|
| ___ | ___ | Allergies? _____ |
| ___ | ___ | Heart Condition? _____ |
| ___ | ___ | Headaches? _____ |
| ___ | ___ | Seizures? _____ |
| ___ | ___ | Motion Sickness? _____ |
| ___ | ___ | Fainting? _____ |
| ___ | ___ | Sleep Walking? _____ |
| ___ | ___ | Upset Stomach? _____ |
| ___ | ___ | Bee Stings? _____ |
| ___ | ___ | Penicillin? _____ |
| ___ | ___ | Other drugs? _____ |
| ___ | ___ | Poison Ivy, Oak, Sumac? _____ |
| ___ | ___ | Any serious illness or surgery in the last ten years? _____ |
| ___ | ___ | Any conditions which would limit participation? _____ |
| ___ | ___ | Does the participant take any prescription medication? _____ |
| ___ | ___ | Are any drugs ineffective in treatment? _____ |
| ___ | ___ | Does participant have sight or hearing impairment? _____ |
| ___ | ___ | Does participant wear contact lenses? _____ |
| ___ | ___ | Is participant diabetic? _____ |

Date of last tetanus shot: _____

Please indicate anything else that leaders should know about the participant to help avoid or deal with any situation that might arise.

