

Prince of Peace Lutheran Church
61 Route 30 East
Marlton, NJ 08053
(856) 983 - 0607
Youth Medical Release/Permission Form

Name: _____ Grade: _____
(Print Name of Participant)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Participant's Cell: _____

Email: _____

Date of Birth: _____ Gender: _____

Primary Physician's Name: _____ Phone: _____

I, hereby authorize my child/participant to participate in youth activities sponsored by Prince of Peace Lutheran Church, or the NJ Synod, or the ELCA, including travel to and from. In consideration of the time, talents, and means of supervisors and volunteers supporting my child during this activity, I do hereby release, forever discharge, and agree to forever hold harmless Prince of Peace Lutheran Church, or the NJ Synod, or the ELCA, the staff, and volunteers thereof, from any and all liability, claims and demands for personal injury, sickness and death, as well as property damage and expenses of any nature whatsoever which may be incurred by me or my child/participant resulting from said child's participation in sponsored youth events including transportation.

Paternal Parent /Guardian's Initials: _____ Maternal Parent/Guardian's Initials: _____

Further, I (we), on behalf of our child/participant, hereby assume all risk of said personal injury, sickness, death, damage and expenses as a result of participation as above set forth. I also understand that staff and volunteers are not responsible for the administration of prescribed medication and I (we) have made private arrangements for any medication taken on a daily schedule by my child/participant.

Paternal Parent /Guardian's Initials: _____ Maternal Parent/Guardian's Initials: _____

I (we) am (are) the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission for him/her to participate fully in said youth events, and I (we) authorize a representative of Prince of Peace Lutheran Church, or the NJ Synod, or the ELCA, in whose care, custody, and control my child/participant is temporarily entrusted, to obtain and consent to whatever emergency surgery or medical treatment is deemed necessary, of any and all kinds, from any physician, dentist, surgeon, anesthesiologist, nurse, x-ray technician or any other medical technician, at any medical facility considered appropriate for the health and well-being of my child/participant. I hereby agree to indemnify and hold harmless any expenses of claims of any nature that adults, of any person or entity which provides or causes to be provided examination, treatment, or hospital care pursuant to this authorization, except to the extent such adult, person, or entity is negligent, and assume responsibility for any and all medical bills incurred by my child.

Paternal Parent /Guardian's Initials: _____ Maternal Parent/Guardian's Initials: _____

I (we) give permission for the participant to receive over the counter medication such as Tylenol, ibuprofen, anti-diahreal medication, antibacterial ointment, throat lozenges, eye wash solution, and the like.

Fraternal Parent /Guardian's Initials: _____ Maternal Parent/Guardian's Initials: _____

I (we) also release the participant's name as part of an information database for Prince of Peace Lutheran Church, or the NJ Synod, or the ELCA and related entities. I understand that my child/participant's photo may be considered for publication on the World Wide Web (www), a part of the internet as well as other promotional products. I (we) also grant unrestricted rights to use, alter, and reproduce any images (still and video) from the event, in any medium without compensation. Personal information about my child/participant, such as home address or telephone number will not be published except for first name.

Paternal Parent /Guardian's Initials: _____ Maternal Parent/Guardian's Initials: _____

If you are unable to reach any of the parents or guardians in case of an emergency, please contact:

Primary: _____ Relationship: _____

Phone: _____

Alternative: _____ Relationship: _____

Phone: _____

The following questions are not mandatory, however, may be requested by emergency personnel to insure prompt and essential care:

1. Does the participant have any pre-existing medical conditions that we should be aware of in order to provide care in case of an emergency? If so, please explain: _____

2. Does the participant take any medications? If so, please list with dosage: _____

3. Is the participant allergic to any food, medications, or environment? If so, please explain: _____

4. Please list any restrictions on diet or exercise: _____

5. Are there any over the counter medications the participant cannot receive? _____

6. Insurance Carrier: _____ Insurance Card Holder: _____

Optional: Policy Number: _____ Group Number: _____

Optional: Please attach a photocopy of your child/participant's insurance card for our records.

This authorization shall remain effective from Sept. 1, 20_____ until Sept. 1, 20_____ unless sooner revoked by destruction of this document. Authorized, agreed to and signed this date: _____

Print Name of Parent/Guardian: _____

Signed: _____ Cell Phone: _____
(Signature of Paternal Parent/Guardian)

Print Name of Parent/Guardian: _____

Signed: _____ Cell Phone: _____
(Signature of Maternal Parent/Guardian)

Print Name of Witness: _____

Signed: _____

Print Name of Witness: _____

Signed: _____

WITH THE SIGNATURES OF THE PARTIES HERETO, THIS DOCUMENT BECOMES A BINDING LEGAL INSTRUMENT