

Parental Medical/Emergency Information and Permission Form

St. Paul Lutheran Church, 100 S. School Street, Mt. Prospect, IL 60056

I understand that I have been invited to attend an event at or sponsored by St. Paul Lutheran Church. I agree with the conditions on this form.

Parent Signature _____ Date ____ / ____ / ____

Name (Please Print): _____ Birth date ____ / ____ / ____
Last First M.I.

Address: _____ Member or Guest?
(Circle One)

Email: _____

Emergency Contact Name 1 _____ Home Phone: _____

Work Phone: _____ Cell: _____

Emergency Contact Name 2 _____ Home Phone: _____

Work Phone: _____ Cell: _____

Medical Insurance Carrier: _____ Policy # _____

Doctor's Name: _____ Phone _____

Medical Information: (Allergies / Medications, etc.)

Conditions

I (We) acknowledge that participation in any and all St. Paul programs or events is voluntary and may involve activities that require traveling or physical exertion. I (We) agree to the following conditions for participation in the ministries of St. Paul Lutheran Church of Mt. Prospect, Illinois.

- I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the person named herein for the purpose of attempting to treat or relieve any injury. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of the anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and assume any such risk for and on behalf of myself. I understand that attempts will be made to contact the listed emergency contacts in the most expeditious way possible. Permission is also granted to St. Paul Lutheran Church representative(s) to provide needed medical emergency treatment to me prior to his/her admission to a medical facility.
- I understand that I may be photographed and / or filmed and his/her image may be used in video presentations, printed publications, or on St. Paul's website. My child's name will not be published.
- St. Paul is not responsible for the loss or theft of personal belongings.
- I hereby take the following action for my child, myself, my executors, administrators, heirs, next of kin, successors, and assigns: **A)** I waive, release and discharge from any and all claims or liabilities for personal injury of any kind or death which arise out of or relate to my participation in the events and programs of St. Paul Lutheran Church of Mt. Prospect, the following person or entities: St. Paul Lutheran Church of Mt. Prospect, its pastors, staff, employees, members, volunteers, representatives, subcontractors and agents of any of the above; **B)** I agree not to sue any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein; and **C)** I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my participation in St. Paul related activities. I hereby assume the risk of my participation in all St. Paul Lutheran Church ministry activities and programs.
- Misconduct may result in the transportation home from an activity at my expense. A participant sent home for disciplinary reasons will NOT receive a refund of the activity fee.
- Participation in St. Paul Youth Ministry events or programs is a privilege and this privilege may be denied by a St. Paul staff member when, in their opinion, the participation is disruptive and not in keeping with the mission of St. Paul.

THIS FORM IS VALID UNTIL SEPTEMBER 1, 2019