

Consent and Medical Record Form

Date: _____

I understand that every effort will be made to protect and safeguard all youth. Therefore, I (we) agree to not hold Hope Lutheran Church or its there designated representatives liable for any illness or for any mishap from any cause whatsoever which may be sustained on either an on or an off campus activity undertaken in the name of Hope Student Ministries.

I understand that medical or hospital insurance is not provided by Hope Lutheran Church. I will provide a brief health record of my child below as required by State Law.

I understand that options will exist for my child to participate in activities that might include, but not be limited to, swimming, rafting, canoeing, mountain biking, sledding, active large group games, supervised overnight events, and rock climbing and give permission for my child to be involved.

I do hereby grant my permission to the physician(s) or nurse practitioner selected by the youth leader to provide any treatment or procedure deemed necessary for my child. I understand that in such an emergency I will be notified immediately. I (we) agree to be liable for any and all costs involved in such emergency treatment.

Students name _____

Address _____ City _____

Age _____ Birth Date _____ State _____ Zip _____

Most recent tetanus booster: _____

Does your child have any medical problems we should know about? _____

Is the youth taking any medication which must be continued during a retreat (Y) (N)
What? _____

Does the youth have any serious allergies or conditions such as:

Penicillin Sulfa Other Medications Bee Stings Insect Bites

Foods Asthma Diabetes Other _____

Has the youth been exposed to any contagious diseases lately? Is so, please state details.

Are there any restrictions on this youth's activity? Details? _____

Date of last physical _____ Family Physician _____ Phone No. _____

Insurance Company _____ Policy # _____

Signed by parent or guardian _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

Non-Parent Emergency Contact Name and Phone _____