

St. Mark's Lutheran Church
MEDICAL RELEASE AND PERMISSION FORM
January – December 2023

Please print in ink

Student Name: _____ Age: _____ Birthday: _____

Grade: _____ Male Female Student's Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Student's Phone #: _____

Primary Guardian Name: _____ Relation to Student: _____

Phone #: _____ Email: _____

Secondary Guardian Name: _____ Relation to Student: _____

Phone #: _____ Email: _____

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 needed. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Please fill out the following medical information for this student. If necessary, add another page with details:

1. Does your child have allergies to:

pollens medications food insect bites

Please list and describe allergies:

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap

3. Date of last tetanus shot: _____

4. Does your child wear: glasses contact lenses

5. Should this child's activities be restricted for any reason? If yes, please explain:

6. Is the student required to take any medications? If so, please explain in detail how church staff can properly facilitate this:

Each student is expected to comply with these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- Participation with the group is expected.
- Respect property.
- Respect one another, staff, and adult leaders.
- Respect and comply with event schedules.
- Compliance with each event's technology agreement.

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____

Date: _____

Permission to Attend and Medical Release

This consent form gives permission for the student to attend all St. Mark's 2023 events and to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child. St. Mark's will make every attempt possible to contact you immediately if something should happen.

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 St. Mark's Lutheran 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 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 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 they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____

Date: _____

Permission for the Use of Images

I, the undersigned, do hereby grant or deny permission to St. Mark's Lutheran Church to use the image of my child _____, taken in the year 2023 at St. Mark's events as marked by my selection below. Such use includes the display, publication, transmission or otherwise use of photographs, images and/or video taken of my child (excluding their name) for use in materials that include printed brochures and newsletters, videos, PowerPoint's, digital images such as those on the stmarkswausau.org website, or St. Mark's Lutheran Church - LCMS Facebook.

_____ I grant permission to use my child's image.

_____ I deny permission to use my child's image.

**PLEASE ATTACH A COPY OF THE STUDENT'S
MEDICAL INSURANCE CARD/INFORMATION**
(copies can be made in the church office if needed)