

St. Peter Lutheran Church

Emergency, Liability, and Promotional Release Form

This form needs to be completed annually. Make a copy for your records. Return to the youth staff.
You are responsible for contacting us and updating the form after changes occur.

INFORMATION:

Student's Name: _____ Current Grade: _____ Birth date: _____

Name student prefers being called _____

Parent(s) or Guardian Name _____

Address _____ City _____ Zip _____

Phone Number(s) _____

Email _____

Facts concerning student's medical history, including ALLERGIES, MEDICATIONS BEING TAKEN, and any PHYSICAL IMPAIRMENTS/LIMITATIONS to which a physician should be alerted: _____

EMERGENCY PHONE NUMBERS (who should be contacted in an emergency):

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Name _____ Relation _____ Phone Number _____

Medications currently taking: _____

Allergies/health concerns: _____

LIST ANY SITUATIONS (personal, family, health, diet) that we should be aware of concerning your child:

HEALTH INSURANCE CO.: _____ POLICY NUMBER _____

Who is policy holder: _____

Preferred Doctor's Name: _____

Preferred Dentist's Name: _____

Preferred Hospital: _____

LIABILITY RELEASE: I understand all reasonable safety precautions will be taken at all times by St. Peter Evangelical Lutheran Church (Denver, IA) and its agents during events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to not hold St. Peter Evangelical Lutheran Church (Denver, IA), its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the student of this form.

EMERGENCY AUTHORIZATION: In the event reasonable attempts to contact the legal guardians from the information given have been unsuccessful, I hereby give my consent to take my child/youth to a licensed physician or dentist or hospital and hereby give my consent and authorizations of any treatment deemed necessary by a licensed physician or dentist, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any.

MEDIA RECORDING AND PROMOTIONAL RELEASE: They say a picture is worth a thousand words. To help share what happened at events here at St. Peter, we take a lot of pictures. We do use pictures and videos in St. Peter publications such as our website, worship slides, newsletter, Facebook, etc. However, we NEVER associate an individual's name or personal information with our pictures. If you would rather not have your pictures published in these forms, or have questions, please contact the church office.

Student's Name _____

Signature of Legal Guardian _____ Date _____