



2010-11 FELC YOUTH MINISTRY RELEASE FORM
This form must be on file for participation in ministry events and trips.

Name: _____ Grade: _____

My child (listed as listed) has my permission to participate in all activities and trips sponsored by First English Lutheran Church from **May 1, 2010 – April 30, 2011.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff, volunteers, or adults who are 18 years of age or older, of any liability against personal losses of named student.

I, the undersigned, have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by the First English Lutheran Church. I understand that there are inherent risks involved in any ministry or youth event, and I hereby release the First English Lutheran 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 child's involvement. In the event that he/she is injured and requires the attention of a doctor, I 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 First English Lutheran Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 affirm that the health insurance information provided below is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I agree to send my youth to this event only if he/she is in good physical condition. I also agree to bring my child home at my expense should they become ill or if deemed necessary by the youth ministries staff member.

I give my child permission to be transported by First English Lutheran Church youth staff, volunteers, or designates and hereby do not hold said staff, volunteers, or designates liable for injuries sustained if an accident occurs.

TRANSPORATION RELEASE ___Yes ___No _____(initial)

Pictures of youth activities may be used on the First English webpage or First English Family & Youth website or related social media sites. Your child may be in one or more of the pictures. By signing below, you give permission for the pictures to be used on the website or social media sites. If you do not want pictures of your child used, please check the box below.

PHOTO RELEASE ___Yes ___No _____ (initial)

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

A copy of this form is given to any and all FELC staff and/or volunteers who may work with your child in ministry. The sole purpose of the lower section of this form is to aid in medical treatment of your child. Information is only shared with trained and licensed medical professionals and their associates.

EMERGENCY INFORMATION:		
Parent(Guardian) Name _____	Phone _____	Cell _____
Address _____		
Emergency Contact _____	Phone _____	Cell _____
Relationship _____		
Physician's Name _____	Phone _____	
Insurance Carrier _____	Policy # _____	
List current medications _____		

List allergies _____		
List health problems that a physician should be aware of if any treatment is needed:		

Date of last tetanus shot: _____		