

BETHLEHEM LUTHERAN YOUTH MEDICAL FORM

As a parent/legal guardian of _____, I know that as part of Bethlehem Lutheran Church Aloha OR youth ministry from April 2021 - September 2022, my child will be involved in many physical activities including but not limited too: frisbee golf, camping, hiking, dodgeball, rafting, swimming, & football, and give permission for the subject of this release to be involved in these activities. I acknowledge that if the subject of this release has to return home early for discipline violations, including any use of drugs, alcohol, tobacco, or other illegal behaviors it will be at my expense. I understand reasonable precautions will be taken by Bethlehem and its agents during the events and activities. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I agree not to hold Bethlehem, its leaders, employees, and volunteer staff liable for sickness, exposure to infectious/communicable disease, emotional, personal, or bodily injury, death, property and financial damage. In case of an emergency, we understand we will be contacted as soon as possible.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

I do _____ I do not _____ **(initial)** give permission for adult chaperones to give my youth over the counter medications as needed. I do _____ I do not _____ **(initial)** give permission for my youth's photo to be used in publicity online, on church bulletin boards, and the like.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

Youth Birth date(s) _____ Grade(s) in fall 2021: _____

Address/City/St/Zip _____

Cell Phone # _____ Home Phone # _____

In case of emergency & we can't be reached at the above #s call: _____

Current e-mail address _____

Best method to reach child(ren) about events is _____

Please attach a copy of your Health Insurance card if different from last year.

Date of last tetanus shot: _____

Med. Ins. Company _____ Policy #: _____

Dental Carrier: _____ Policy #: _____

Please list any allergies or medical conditions we should know about:

(if you need more space continue on back)

Sharing Jesus. Making Friends. Growing as the Family of God.