

Christ the Redeemer Lutheran Church

2550 E. 71st St.

Tulsa, OK 74136

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

Participant Name: _____

Birth date: _____

I give permission for my child (named above) to **attend Christ the Redeemer Lutheran youth group events during the 2018 calendar year** with the Youth Ministry of Christ the Redeemer Lutheran Church. Furthermore, I (WE) on behalf of my (our) child-participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. I give permission for my child to be transported to and from events by volunteer or hired drivers authorized by Christ the Redeemer Lutheran Church, Tulsa.

Medical Release

I declare that my child is covered by primary accident and medical insurance and assume all liability for injury to my child. I hereby authorize the DCE, youth volunteers of Christ the Redeemer Lutheran Church, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

Custody Release

I further authorize the DCE and youth volunteers of Christ the Redeemer Lutheran Church to receive physical custody of my child upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to said adult.

Activity Release

In consideration for being accepted for participation in youth events, sponsored by Christ the Redeemer Lutheran Church, Camp Lutherhoma and the Oklahoma District LCMS Youth Ministry, being at least 21 years of age or older, I (WE) forever discharge and agree to hold harmless the Oklahoma District LCMS Youth Ministry, Camp Lutherhoma, Christ the Redeemer Lutheran Church and the employees and directors thereof from any and all liability, claims, or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in any sponsored trip or activity.

Signature of Parent or Legal Guardian

Printed name of Parent or Guardian

Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City State Zip

Parent(s)/Guardian(s) Email address(es)

Other Emergency Contact(s)

Name(s) Relationship to Participant

Phone Type
(Home, Mobile,
etc.) Indicate to whom
this number
belongs

<u>Phone Numbers</u>	<u>Phone Type (Home, Mobile, etc.)</u>	<u>Indicate to whom this number belongs</u>

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Christ the Redeemer Lutheran Church
Suzanne Watt, Director of Christian Education
2550 E 71st St, Tulsa, OK 74136
918.492.6451

Health Care Information

Participant Name: _____

Birth date: _____

Physician

Dentist

Name

Name

Phone

Phone

Medical Insurance Company

Dental Insurance Company

Policy/Group Number

Policy/Group Number

Name of Policy Holder

Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

> Does your child carry an epi pen? When should it be used?

> Does your child carry an inhaler?

Does your child wear glasses or contacts?

Date of last tetanus shot _____

For your child's safety and our knowledge, is your child a good, fair or non-swimmer?

Please list any **prescription medication** to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

You have received this parental consent form to both inform you and to request your permission for your child's photo/image and name to be published on websites maintained, owned, and/or administrated by Christ the Redeemer Lutheran Church.

Please initial **one** of the following choices:

_____ I/We GRANT permission for this youth's photo/image and all other personal identifiers to be published on Christ the Redeemer Lutheran Church public website or any site operated by Christ the Redeemer Lutheran Church.

_____ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on Christ the Redeemer Lutheran Church public website or any site operated Christ the Redeemer Lutheran Church.

_____ I/We DO NOT GRANT permission for photo/image that includes this youth to be published on Christ the Redeemer Lutheran Church public website or any site operated by Christ the Redeemer Lutheran Church.

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