

# Medical Consent and Liability Release Form

*This form must be completed and carried by all participants. A copy must also be given to group leader.*

*This form must be signed by a parent or guardian of participants under 21 years of age.*

Participant Name: Last \_\_\_\_\_ First \_\_\_\_\_

Birth Date:     /     /                      Soc Sec #:    Circle one:     Male     Female

Home Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone: (         )    Day Phone: (         )

Custodial Parent/Guardian \_\_\_\_\_

Home Phone: (         )    Day Phone: (         )

Home Address: (if different) \_\_\_\_\_

Health Care Plan Carrier: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Relationship To Participant: \_\_\_\_\_

SS # of Policy Holder or Insurance ID Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Office Phone: (         )    Medical Exchange: (         )

Family Dentist: (         )    Office Phone: (         )

Second Parent or Emergency Contact Person: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Home Phone: (         )    Day Phone: (         )

*Please specify if any health insurance precertification, notification, or other requirements exist for the participant:*

\_\_\_\_\_

\_\_\_\_\_

**A copy of the FRONT AND BACK of the participant's HEALTH INSURANCE CARD is required together with this form in order to participate in the Servant Event.**

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*I understand that the Servant Event for which this Medical Consent and Liability and Activity Release Form is being given is described as follows:*

"Bringing Hope to the High Country" Servant Event at Camp Linn Haven, NC from June 26 to July 2, 2011 which is hosted by the Lutheran Church Missouri Synod and includes traveling to work sites, participation in construction type work, and engaging in VBS leadership.

I hereby consent to participation of myself (or of my child) in the above-described Servant Event. I have read the informational materials regarding the planned activities and am aware that in addition to activities such as Bible study, worship, sight-seeing, use of public transportation, and meal functions, the participant also may be asked to participate in various servant activities that may involve additional risks, such as use of tools and outdoor equipment required for construction and beautification type projects, game activities as required in VBS curriculum, hiking, community building, and camp fire activities, as well as housekeeping tasks as needed throughout the week.

*I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.*

I release and forever discharge (name of home congregation) \_\_\_\_\_,

Camp Linn Haven, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damages of my (or my child's) participation in, attendance at, and travel to and from the Servant Event. Furthermore, I do hereby expressly stipulate, and agree to indemnify and hold forever harmless, (name of home congregation)

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and Camp Linn Haven, it's agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf of damages or any legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during the Servant Event or travel to and from the same.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand it's contents, and have signed the same as my own free act and deed.

For participants age 21 and older:

Participant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

For participants under age 21: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

# Authorization to Consent to Medical and Dental Care

Must be completed by parents or guardians of participants under 21 years of age. Parent/Guardian signature must appear below or your child will not be permitted to attend the Servant Event.

(I) (We), the undersigned parent(s) and/or natural guardian(s) of (participant's name & SS #):

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_,

a minor, do hereby authorize my (our) child's Servant Event youth leader (and/or any other adult appointed or designated) to (i) consent to medical, surgical, and dental care for such minor child, (ii) consent to any diagnostic tests, medical, surgical, or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child, and (iii) on (my/our) behalf, to (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic, emergency room, laboratory, or other health care or diagnostic facility for examination, treatment, surgery, or care, and (c) sign all necessary consents and authorizations. It is understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely, and willingly.

This authorization shall continue for such a time as my child is participating in the Servant Event and during travel to and from the Servant Event.

IN WITNESS WHEREOF, (I) (WE) have executed this "Authorization to Consent to Medical and Dental Care": this day of 20 \_\_\_\_\_.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

On this day of 20 \_\_\_\_\_, before me, a Notary Public, personally appeared and known to me to be the person(s) who executed the above Consent and stated that it was executed as his/her (their) free act and deed.

Notary Public

(NOTARY SEAL)









