



Whitewasher Sat., Jan. 13 (form due Jan. 10)

ALL SAINTS Permission/Release Form LUTHERAN CHURCH

Name of Participant: _____ Home Phone: _____

Parent/Guardian Name(s): _____

Parent/Guardian Cell Phone Number (s): (Mom) _____ (Dad) _____

Parent/Guardian Work Number (s): (Mom) _____ (Dad) _____

I, the parent/guardian of _____ (Youth's Name) have given permission for the above named youth to travel and participate in all activities surrounding the above mentioned event sponsored by All Saints Lutheran Church. The above named youth has my permission to travel to various places included in the event and then back to All Saints Lutheran Church. In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless All Saints Lutheran Church, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither All Saints Lutheran Church, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.

Parent/Guardian Signature _____ Date: _____

Participant Information

Has participant been hospitalized or diagnosed with any physical or mental illness in the last 12 months? ___ Yes ___ No

If yes, please explain diagnosis: _____

Does participant have any dietary restrictions or food allergies? ___ Yes ___ No If yes, list:

Other Allergies/Medical Conditions of which we should be aware: _____

Is participant currently taking any medications? ___ Yes ___ No If yes, please see below.

As of January, 2015 all youth ages 19 and below must turn in all medications to be taken at the start of the trip. This includes all prescription and non-prescription drugs. Please list any medication(s) that participant is taking, dosage, reason, and when need to be taken:

Name of Medication: _____ Dosage: _____ Reason: _____ When to be taken: _____

Name of Medication: _____ Dosage: _____ Reason: _____ When to be taken: _____

MEDICAL AUTHORIZATION

Name of Insurance provider: _____ Medical Insurance Policy Number: _____

In case of emergency, contact: _____ Relationship to Youth: _____

Home Phone: _____ Cell Phone: _____

I, the parent/guardian of _____ (Participant's Name) do hereby authorize medical treatment for the above named youth, in the case of an emergency. In the case that I am unable to be reached, I hereby authorize the leaders of this trip to act on my behalf, in securing medical treatment for the above named youth. I hereby authorize adult leaders to administer medications in the case of an overnight event. *By signing below, I acknowledge that I have read, understand, and agree to the above statements and am not withholding any information regarding participant's health and wellbeing.*

Parent/Guardian _____ Date _____

Payment Information: Cost is \$52 per person plus \$25 for ski or snow board rental.

Enclosed is my payment of \$52 or \$77 if renting ___ Yes ___ No

Check Number: _____ Amount: _____ Cash: Amount: _____