



# Valley of Peace Lutheran Church

## Medical Release & Permission Form

Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Gender: M F Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ Cell: \_\_\_\_\_

Student Email: \_\_\_\_\_

Family Email Contact: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: ( \_\_\_ ) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_ ) \_\_\_\_\_ Work Phone: ( \_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: ( \_\_\_ ) \_\_\_\_\_

Emergency Contact (other than parent)

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relation to Student: \_\_\_\_\_

### Transportation Release

I give my permission for my son/daughter to be transported in association with confirmation and youth ministries with Valley of Peace Lutheran Church.

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

### Photo Release

I understand that photographs are taken at Valley of Peace events. I give permission for photographs of my child to be used for Valley of Peace purposes only. I agree that photographs in which my child appears may be used in the following areas. Please check any areas you DO NOT agree to:

( ) Bulletin Boards ( ) Newsletters

( ) Promotions/Slide Shows ( ) Church Website

Signature: \_\_\_\_\_

## Medical & Health Information

I authorize my son/daughter to participate in all Valley of Peace's Confirmation activities (retreats, service projects, etc.). I understand the risks of injury inherent to the activity in which my child is participating. I give permission for medical treatment to be obtained and administered to my child if necessary. I agree to reimburse the church, its pastors, staff, leaders or chaperones for any costs they incur while seeking medical treatment for my child.

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Group Number: \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_\_  
Family Physician: \_\_\_\_\_ Clinic Name: \_\_\_\_\_  
Phone Number: ( \_\_\_\_ ) \_\_\_\_\_

### Health Info:

Allergies: \_\_\_\_\_  
Chronic Diseases (examples: Asthma, Seizure Disorders, Diabetes, Heart Problems): \_\_\_\_\_

Medications Currently Taking or uses Periodically: \_\_\_\_\_

State any Special Dietary, Medical Health, Learning, Emotional or Special Needs of your child: \_\_\_\_\_

Is there anything you would like us to know to help make your child's education a safe and positive one? \_\_\_\_\_

Every child is a unique learner and we do our best to meet the individual needs of students. Would you like to schedule a meeting with a staff member and/or teacher in preparation for our program year? Yes or No (circle one)

## Authorization

I authorize my child to attend the events associated with confirmation and youth ministry at Valley of Peace. In the event a medical emergency arises and the emergency contact or myself cannot be reached by phone, I authorize Valley of Peace Lutheran Church and its agents to provide care for my child and make necessary medical decisions. I am aware of the behavioral covenant and will support Valley of Peace in administering care/supervision if behavioral expectations are not met. I further release Valley of Peace Lutheran Church as well as all of its agents, members or employees, for all liability for any accident, injury or claim arising from my child's use of its facilities, or participation in any of its programs. Furthermore, I take full responsibility for any financial cost, which may be incurred, for the care of my youth.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Behavioral Covenant

To ensure an outstanding Christian experience for everyone, we ask that all abide by the expectations:

- No possession or use of drugs (including alcohol or tobacco)
- No inappropriate or harmful behavior activity
- Participation in all group activities and appropriate participation in small and large group events.
- Respect group leaders, adults, peers, staff members, and facilities is expected at all times.
- A positive attitude and encouragement of others.

I, \_\_\_\_\_ (child's name) have read the expectations and I agree to abide by them. I understand that behavior that breaks this covenant may result in disciplinary action at my parent's expense.

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_