Mt. Si Lutheran Church
Minor Medical Information, Consent, and Release from Liability

Participant's Name: _____
First Middle Last

D.O.B.:____/____/____ Age:_____

Insurance Company: _____ Policy Number: _____

Contact Information

Parent(s)/Guardian(s) Name:_____

Address:_____ Apt#:_____

City:_____ State:_____ Zip:_____

Parent/Guardian Day Phone: ( )_____ ( )_____ Evening Phone: ( )_____

Emergency Contact Name: _____ Relationship to Participant_____

Day Phone: ( )_____ Evening Phone: ( )_____

Medical Information

Allergies, especially medications (list all or 'no known allergies,' if unknown): _____

Physical Restrictions and/or Special Dietary needs: _____

Medications in use (prescription and otherwise): _____

Special Concerns or other medical information we should be aware of: _____

_____

Medical Consent and Release I, as Parent/Guardian, give permission for my child to attend off-site events, sponsored by Mt. Si Lutheran Church (hereafter referenced as M.S.L.C.). I understand that every effort will be made to contact me if my child needs medical treatment. However, if reasonable attempts to contact the above named guardians fail or the situation is imminently life-threatening, I give my permission to medical personnel selected by the adult leadership to secure proper treatment: to transport, to hospitalize, order injections, anesthetize, x-rays or do surgery for my child. I do hereby release and forever discharge M.S.L.C. from any claim whatsoever that arises or may hereafter arise on account of any first aid, medical treatment or service rendered in connection with my child's involvement in a M.S.L.C. activity and the decision by any representative of M.S.L.C. to exercise the power to consent to medical treatment as granted and authorized by this document ____ (Initial)

Liability Release I, the Parent or Guardian, will hold harmless M.S.L.C. and any adults acting on it's behalf from any and all liability claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my child's involvement in any M.S.L.C. activity. This discharges M.S.L.C. from liability or claim with respect to any bodily injury, personal injury, illness, death or property damage or loss of property that may result from my Child's activity with M.S.L.C. Even if it is caused by the negligence of M.S.L.C., its leaders, teachers, staff, committee members or otherwise. Mt. Si Lutheran does not assume any obligation to provide financial assistance or other assistance, including, but not limited to medical or disability insurance, in the event of injury or illness. ____ (Initial)

As the Parent or Guardian, I agree that this document is intended to be as broad and inclusive as permitted by the laws of the State of Washington and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable. ____ (Initial)

This document is valid for one year from the _____ day of _____, 2010

Parent/Guardian: _____ Parent/Guardian/Witness: _____

I attest that the Parent(s) or Guardian(s) of this child have executed this release as of the ____ day of _____, 2009.

Witness:_____ Date: _____