

Christ the King Lutheran Church
Health/Emergency & Release of Liability
Youth Form

Youth Name _____ **Grade** _____
Parent(s) Name _____
Address _____
Home Phone _____ **Work Phone** _____
Cell Phone(s) _____
Email _____
Insurance Co. _____
Policy # _____ **Group** _____

My child has the following medical conditions and/or allergies:

Emergency Contacts:

Name: _____ **Phone** _____

Relationship to youth: _____

Name: _____ **Phone** _____

Relationship to youth: _____

.....
To whom it may concern: the undersigned does hereby give permission for our (my) child,

(name of child) _____, to attend and participate in all activities

sponsored by the Christ the King Lutheran Church during the calendar year _____ (current calendar year).

The undersigned authorizes an adult, in whose care the minor has been entrusted, to consent to any x-ray, anesthetic, medical, surgical or dental diagnosis and/or treatment to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Christ the King Lutheran Church.

I have read, understood, and consent to all parts of the Health/Emergency & Release of Liability Form and hereby remise, release and forever discharge Christ the King Lutheran Church, its agents, members, employees, volunteers, servants, and all other persons, firms and corporations whosoever of and from any and all actions, claims, and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty, and/or event which might happen while under the direction of the Christ the King Lutheran Church. I further understand that there is no Worker's Compensation or Accident Insurance furnished by Christ the King Lutheran Church.

I give permission for Christ the King Lutheran Church to photograph myself or my child while participating in activities of Christ the King Lutheran Church. I understand that these photographs may be included, but are not limited to: newsletters, posters, websites, social media, videos, and media releases.

Parent(s) Signature(s) _____

Date _____