

Name: _____ Grade in 2010-2011 School Year: _____ or Adult: _____
T-Shirt Size (Circle): Youth L Adult S Adult M Adult L Adult XL Adult XXL Adult XXXL

Medical Authorization

WHEREAS, my child/I, _____, wish to be involved in any St. Michael Evangelical Lutheran Church sponsored or related activity and

WHEREAS, certain circumstances and situation may occur resulting in (my child's/my) need for medical/dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment;

THEREFORE,

1. In consideration of permission for (my child/myself) to participated in any St. Michael Evangelical Lutheran Church sponsored or related activity, I _____, (parents of applicant or applicant) being of legal age, authorize St. Michael Evangelical Lutheran Church or any agent of St. Michael Evangelical Lutheran Church to act in (my child's/my) behalf should I be unable to do so and to consent to reasonable medical/dental care and treatment, including but not limited to diagnostic test, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for (my child's/my) medical well-being for the duration of the mission trip.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in (my child's/my) behalf.
3. Any consent by St. Michael Evangelical Lutheran Church shall have the same force and effect as if I had personally given the consent.
4. I certify that I have personal health insurance with the following company **(must provide copy of your insurance card on the back of this sheet)**

Company Name

Policy Number

Social Security Number of Insurance Holder

with no territorial limitation which will provide coverage for (my child/me) during the duration of any St. Michael Evangelical Lutheran sponsored or related activity. I understand that no health plan is provided by St. Michael Evangelical Lutheran Church.

Medical Questionnaire

Participant's Full Name _____ Date of Birth _____

Are you Baptized? _____ Date of Baptism _____ School/Place of Work _____

Address _____ City _____ ST _____ Zip _____

Participant's email _____ Cell Phone _____ Home Phone _____

Father/Spouse's Name _____ Home Phone _____ Cell _____ Work _____

Father/Spouse's email _____ Mother's email _____

Mother's Name _____ Home Phone _____ Cell _____ Work _____

Emergency Contact (Not family) _____ Emergency Phone _____

Family Physician: _____ Physician's Work Phone: _____

- Are you/your child presently being treated for an injury or sickness or taking any form of medication for any reason?
Yes _____ No _____ If yes, please explain: _____

- Are you/your child allergic to any type of medication? Yes _____ No _____
If yes, please explain: _____

Please be sure to complete both sides of this form.

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- Do you/Does your child require a special diet? Yes _____ No _____
If yes, please explain: _____
- Do you/Does your child have any allergies other than medical? Yes _____ No _____
If yes, please explain: _____
- Do you/Does your child ever sleep walk? Yes _____ No _____
- Can you/your child swim? Yes _____ No _____

**RELEASE OF LIABILITY IN FAVOR OF
ST. MICHAEL EVANGELICAL LUTHERAN CHURCH AND ITS EMPLOYEES
FOR AN ADULT OR MINOR**

I, the undersigned accept that St. Michael Evangelical Lutheran Church, its employees, volunteers, and sponsors of the stated event will not assume any responsibility for loss of property, damage to the same, personal harm, illness, or loss of life that may be incurred, and I, for myself, my heirs, executors, administrators, distributees and assignees do hereby absolve St. Michael Evangelical Lutheran Church and its employees and hold them harmless from any claim or demand which I or they might conceivably assert as a result of the participation of _____ (name of participant or minor participant) in any St. Michael Evangelical Lutheran Church sponsored or related activity. Further, I agree to indemnify, defend, and save St. Michael Evangelical Lutheran Church, its employees, volunteers, and sponsors of the stated event, harmless from and against any and all claims, demands, losses, costs, expenses, injuries and damages connected with or as the result of the participation of _____ (name of participant or minor participant) in any St. Michael Evangelical Lutheran Church sponsored or related activity. This Release is freely and voluntarily executed by the undersigned after having been appraised of all relevant information and data. I understand that this agreement is for the benefit of St. Michael Evangelical Lutheran Church, its employees, volunteers, and sponsors of any event, and I warrant that I am legally competent to execute this Release and that all formalities associated with the execution of this Release have been complied with, and that it is the intent of the undersigned to be bound by this Release by said execution. I also give St. Michael Lutheran the right to use my or my child's image and comments for publicity and news release purposes. I understand that I will not be given any creative control over the finished use of the image.

Dated _____

Participant or Parent of Participating Minor

Place front and back copies of insurance card here.