

# Adult Participant Medical Release Form

*for youth event /activities of*

## Trinity Lutheran Church

I agree to participate in the youth activities, programs, and ministries of Trinity Lutheran Church. I understand that in any youth event/activity, especially those that include traveling, there is the risk of serious injury. I understand that I am primarily responsible for any medical expenses incurred for any reason. The church carries only liability co-insurance to assist with medical costs not covered by my own primary insurance. In the event of a medical emergency when I cannot answer for myself, and my emergency contact cannot be reached, I hereby authorize the youth leader, or designated adult counselor, to secure the necessary medical or dental treatment at any hospital, clinic, or doctor's office. I also agree that in no way will the church, youth leader, or adult counselor, be held liable for actions taken in good conscience in an emergency. I give permission for photograph taken during activities/events to be used for publications by Trinity Lutheran Church.

**Name of Adult:** \_\_\_\_\_ PRINTED \_\_\_\_\_ / Signature \_\_\_\_\_ **Date:** \_\_\_\_\_

Birth Date: \_\_\_\_\_ **Age:** \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Work number:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **2<sup>nd</sup> Cell Phone:** \_\_\_\_\_

**Emergency Contact 1:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact 2:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

(Please indicate time, you, or other contact, will be unreachable during an event to the leader of the event and provide other emergency contact for those times)

**Health Insurance Company:** \_\_\_\_\_ **Policy and/or Group#:** \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Eye Care Provider: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Allergies of any kind:** \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

**Other Health Considerations:** \_\_\_\_\_

**A Copy of both sides of your insurance card MUST be placed here:**

**Front**

**Back**

**SKILLS SURVEY:** Check those areas that the youth can do/has done, and if appropriate, note what type of knowledge/experience they have, in the following areas:

X	Knowledge/experience	
Play a musical instrument	What instruments:	
First Aid or CPR Trained	What areas or level:	
Bible Study Leader	Experience:	
Roofing		
Drywall		
Repairing floors		
Painting		
Electrical		
Nailing		
Power tools (which ones)		
Concrete		
Framing		
Siding		
Window/door installation		
Insulating		
Steps/ramps		
General construction		
Plumbing		
Other:		

Do you have other skills that would be useful during worship, Bible study, or free time?

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