

Youth Medical Release Form *for youth event /activities of* Trinity Lutheran Church

My child has permission to participate in the youth activities, programs, and ministries of Trinity Lutheran Church. 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/we the parents and/or legal guardian(s) cannot be reached and our emergency contact(s) 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 situation. I give permission for photographs taken during activities/events to be used for publications by Trinity Lutheran Church. My /our signature(s) below indicate our agreement to these statements.

Name of Youth: _____ **Date:** _____

Parents or Guardians: PRINTED NAME _____ / SIGNATURE _____ Relationship: _____

PRINTED NAME _____ / SIGNATURE _____ Relationship: _____

Youth Birth Date: _____ T-Shirt Size: _____ Grade: _____ School: _____

If registering youth is not a member of Trinity Lutheran place name of who you are a Guest of here: _____

Parent/Guardian E-Mail: _____ Youth E-mail: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Work number: _____

Parent Cell Phone: _____ **Youth Cell Phone:** _____

Emergency Contact 1: _____ **Phone #:** _____ **Relationship:** _____

Emergency Contact 2: _____ Phone #: _____ Relationship: _____

(At the time of check-in for an event or activity be sure to indicate any time, you, or other parent/guardian will be unreachable during the event to the leader of the event and provide updated emergency contact for those times)

Health Insurance Company: _____ Policy and/or Group#: _____

Physician's Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Orthodontist's name: _____ Phone #: _____

Vision Caregiver Name: _____ 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

YOUTH 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?

Any other information you think we should know: _____