

# Minor Medical Information, Consent, and Release of Liability

Church policy **REQUIRES** a completed form for **EACH** participating child under the age of 18 years.

Child's Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: Male | Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Insurance Carrier (photocopy of both sides of insurance card attached) Phone Number: \_\_\_\_\_

Primary Insured Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

Physical / Mental / Developmental Needs: \_\_\_\_\_

Special Dietary Needs/Concerns: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

**Medical Consent and Release:** I, the Parent or Guardian, give permission for my child to attend off-site events, sponsored by Sammamish Hills Lutheran on and between the dates mentioned. I also understand that every effort will be made to contact me if my child needs medical treatment. If it is impossible to do so, I give my permission to medical personnel selected by the adult leadership to secure proper treatment; to transport, to hospitalize, order injections, anesthetize, x-ray or do surgery for my child. I do hereby release and forever discharge Sammamish Hills Lutheran from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Participant's involvement in a Sammamish Hills Lutheran activity or with the decision by any representative of Sammamish Hills Lutheran to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

**Liability Release:** I, the Parent or Guardian, will hold harmless Sammamish Hills Lutheran and its assigns 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 the above named participant's involvement in any Sammamish Hills Lutheran activity. This discharges Sammamish Hills Lutheran from liability or claim with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Participant's activity with Sammamish Hills Lutheran whether caused by the negligence of Sammamish Hills Lutheran or its leaders, teachers, staff or committee members of otherwise. Sammamish Hills Lutheran does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical or disability insurance, in the event of injury or illness.

**Other:** The Parent or Guardian expressly agrees that this Release 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. The Parent or Guardian agrees 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 provision of the Release which shall continue to be enforceable.

Parent/Guardian: \_\_\_\_\_  
(print name clearly)

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
(signature)

