

Atonement Lutheran Church
Student Release and Waiver Form

Effective dates: June 16-24, 2017

Please print in ink

Name: _____
 Last First Middle

Age _____ Birthday _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Student's Cell _____

Student's E-mail _____

Mother's Name _____ **Home #** _____

Work # _____ Cell # _____ E-mail _____

Father's Name _____ **Home #** _____

Work # _____ Cell # _____ E-mail _____

Medical Insurance Company _____

Policy Number _____ Group # _____

Insurance Company Address _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Emergency Contact _____ Home # _____

Work # _____ Cell # _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:
 good swimmer fair swimmer non-swimmer

2. Does your child have allergies to (please describe any that apply):
 pollens medications food insect bites
 other _____

3. Does your child suffer from, or ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble
 diabetes frequently upset stomach physical handicap

4. Date of last tetanus shot: _____

5. Does your child wear glasses contact lenses

6. Please list and explain any major illnesses the child experienced during the last year:

Additional comments: _____

Should this child's activities be restricted for any reason? No Yes

If yes, please explain: _____

STUDENT AGREEMENT

For your information, Atonement Lutheran expects each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Act in a Christian manner at all times
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in student activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____

Date: _____

PARENTAL AGREEMENT

_____ (Name of Student) has my permission to attend this trip sponsored by Atonement Lutheran Church (hereinafter the "Church").

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____

Date: _____