

# Ebenezer Free Lutheran Youth Event and Medical Release Form

**Type of Event:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Mode of Transportation:** \_\_\_\_\_

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Participant's Name: \_\_\_\_\_

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

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

M / F Grade \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent/ Guardian #1: \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/ Guardian #1: \_\_\_\_\_ Cell # \_\_\_\_\_

I, \_\_\_\_\_, grant permission for \_\_\_\_\_  
To participate in the above named activity and I warrant that my child is in good health. In consideration of my child's participation, I agree to indemnify Ebenezer Free Lutheran Church from any claims or lawsuits brought against them by myself, my child or others, that arises out of any behavior by my child at the event described above. I also agree to pay reasonable attorney's fees or expenses incurred by the parish/church in defense of such a claim/lawsuit.

**Emergency Medical Treatment** In the event of an emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by a doctor or hospital. In the event of an emergency, if you are unable to reach me, contact  
\_\_\_\_\_ phone \_\_\_\_\_

**Allergies/Health Conditions:** \_\_\_\_\_

### Optional Medical Information

Medications my child is taking at present: \_\_\_\_\_

Family Health Plan carrier number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

As a parent/guardian, I agree to all of the above stated considerations and conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_