

# WYOMING DISTRICT YOUTH BREAKAWAY WEEKEND

St. Andrews Lutheran Church Laramie, Wyoming

Please, do not forget this!

Your child cannot participate without parental permission and medical release.

## Parental Permission/Medical Release

Participant: \_\_\_\_\_

Custodial Parent/Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Doctor's phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Health Plan Carrier: \_\_\_\_\_

Carrier Address: \_\_\_\_\_

Phone # of Carrier: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Policy or ID# : \_\_\_\_\_

Subscriber's group # or name (if any): \_\_\_\_\_

Subscriber's relationship to participant: \_\_\_\_\_

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participants? If so, please specify:

Does the participant have any illness of which we should be aware? If yes, please specify: Is the participant on any medication? If yes, please list them and reason.

Is the participant allergic to any medications? If yes, please specify:

Does the participant have any special needs or physical conditions that we should be aware of? If yes, please explain.

## FOR ALL PARTICIPANTS (Both Youth and all Adult Leaders)

I hereby consent to the participation of me or my child in the WYOMING DISTRICT YOUTH BREAKAWAY WEEKEND held at Laramie, WY the Third weekend of February including all of its activities.

I understand that I have the responsibility to provide primary accident and medical insurance for the above-named participant, or myself and I declare that the same is covered by primary accident and medical insurance.

I release and forever discharge those leaders responsible for this event including the WYOMING DISTRICT, ST. ANDREW'S LUTHERAN CHURCH AND CAMPUS CENTER or my/our home congregation and its youth leaders and any other representatives from any and all damages and causes of action that result of my child's attendance, participation, or travel to and from this event. I agree to hold forever harmless the above named entities and their representatives against loss from any and all future claims, demands or actions in law or in equity that may hereafter be made or brought by me, my child, or anyone on behalf of my child, or anyone else on their own behalf for damages or any other legal equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by myself or the above named participant during the conference or travel to and from the same. I, the undersigned, hereby acknowledge that I have read the above, understand it's content, and have signed the same as my own free act and deed.

For participants age 21 or older:

For participants under age 21:

Participant Signature:

Date

Parent/Guardian of participant's signature:

Date

## FOR PARENTS/GAURDIANS OF PARTICIPANTS UNDER AGE 21:

*In the event of an emergency, we will attempt to contact you by phone to advise you of the situation. Unless you tell us otherwise or if we cannot reach you, we will take the participant to the Iverson Memorial Hospital Emergency Room. The following gives permission to secure such medical treatment in the event you cannot be reached.*

I, the undersigned legal parent or guardian of \_\_\_\_\_, a minor, do hereby authorize my child's Primary Adult Leader or those involved in planning the WYOMING DISTRICT YOUTH BREAKAWAY WEEKEND to (1) consent to emergency medical, surgical, or dental care for such minor child, (2) consent to any diagnostic tests, medical, surgical or dental procedures or treatment as may be considered therapeutically necessary by the physician, surgeon or dentist providing care for such minor child, (3) on my behalf to employ physicians, surgeons, dentists or other health care personnel as may be deemed necessary for such minor child, (4) on my behalf to admit such minor child to any hospital, clinic, or emergency room for examination, treatment, surgery or care, and (5) on my behalf, sign all necessary consents and authorizations. It is further understood that this authorization is given in advance of the occurrence of any condition or situation that may necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if such care if it should be required. I fully understand the consequences of the foregoing statements and sign this authorization to consent to medical and dental care knowingly, freely, and willingly.

Signature:

Date

## PHOTO RELEASE (To be completed by parent or student 18 years or older).

I grant to the Wyoming District of the Lutheran Church – Missouri Synod the right to take photographs of me and my family in connection with the Wyoming District youth events, camps and retreats. I authorize Wyoming District, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Wyoming District may use such photographs of me and my family with or without my name and for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and Web content. I agree that if I have any concerns or questions regarding the use of such photographs, I should contact the Wyoming District office, in writing, in a timely manner.

Signature:

Date